

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morrisam
Secretary of State
DIVISION OF CORPORATIONS

**/APPROVED
AND
FILED**

95 MAR 10 PM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000035656 (6)

1. Corporation Name
LOGO-TAGS, INC.

Principal Place of Business
**7310 W MCNAB RD
STE 106
FT. LAUDERDALE FL 33319
US**

Mailing Address
**P O BOX 26500
FT. LAUDERDALE FL 33319
US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **05/13/1993** 3a. Date of Last Report **05/01/1984**

2. Principal Place of Business
21 **5701 N. PINE ISLAND** 26
Suite, Apt. #, etc. **ROWD - SUITE 250** 27
City & State **FT LAUDERDALE FL** 28
Zip **33321** Country **BROWARD** 29 30

4. FEI Number **65-0413847** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIAMOND, BARRY A
5701 N PINE ILS RD
STE 250
FT. LAUDERDALE FL 33321**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BUCHWALD, JAIME S
STREET ADDRESS	6973 NW 53RD ST.
CITY-ST-ZIP	CORAL SPRINGS FL 33067
TITLE	DS
NAME	PINCHEVSKY, DAVID
STREET ADDRESS	493 NW 107TH TERRACE
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	DV
NAME	EISENBERG, JAY
STREET ADDRESS	11977 CLASSIC DR.
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	DT
NAME	MOFSEN, HOWARD
STREET ADDRESS	11044 NW 17TH PLACE
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked for on an attachment with this filing.

SIGNATURE:

[Handwritten Signature]
Signature and typed or printed name of signing officer or director
Ms. JAIME S. BUCHWALD

Date **3/7/95** Daytime Phone # **(305) 724-4321**