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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000079705 (8)

1. Corporation Name
LOGICAL, INC.



Principal Place of Business
427 ANASTASIA AVENUE
#8
CORAL GABLES FL 33134

Mailing Address
427 ANASTASIA AVENUE
#8
CORAL GABLES FL 33134-7174

3. Date Incorporated or Qualified
11/18/1993
3a. Date of Last Report
02/06/1996

2. Principal Place of Business
21 8103 CAMINO REAL

2a. Mailing Address
26 8103 CAMINO REAL

4. FEI Number
65-0448982
Applied For
Not Applicable

22 Suite, Apt. #, etc.
UNIT C-111

27 Suite, Apt. #, etc.
UNIT C-111

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

23 City & State
MIAMI FL

28 City & State
MIAMI FL

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

24 Zip 33143 25 Country USA

29 Zip 33143 30 Country USA

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

9. Name and Address of Current Registered Agent

CARRENO, ROBERTO
427 ANASTASIA
STE 8
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name RENE A. DEANDREIS
82 Street Address (P.O. Box Number is Not Acceptable)
8103 CAMINO REAL UNIT C-111
83
84 City MIAMI FL 85 Zip Code 33143

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 *Rene A. Deandreis* DATE 03/31/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
PD	CARRENO, ROBERTO	427 ANASTASIA AVE., #8	CORAL GABLES FL 33134	☐
VD	NAVAS, VICTOR F	427 ANASTASIA AVE., #8	CORAL GABLES FL 33134	☐
VD	DEANDREIS, RENE A	427 ANASTASIA AVE., #8	CORAL GABLES FL 33134	☐
SD	CARRENO, ROBERTO	427 ANASTASIA AVE., #8	CORAL GABLES FL 33134	☐
VP	AJURIA, SERGIO R	427 ANASTASIA AVE., #8	CORAL GABLES FL 33134	☒
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	☒ Change ☐ Addition
	8103 CAMINO REAL UNIT C-111		MIAMI FL 33143	☒
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☒ Change ☐ Addition
	8103 CAMINO REAL UNIT C-111		MIAMI FL 33143	☒
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☒ Change ☐ Addition
	8103 CAMINO REAL UNIT C-111		MIAMI FL 33143	☒
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☒ Change ☐ Addition
	8103 CAMINO REAL UNIT C-111		MIAMI FL 33143	☒
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rene A. Deandreis* DATE: 03/31/97
RENE A. DEANDREIS 305-412-0044

CR2E034 (9/96)