


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90102 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000079705			
1. Corporation Name LOGICAL, INC.			
Principal Place of Business 8103 CAMINO REAL, UNIT C-111 MIAMI FL 33143		Mailing Address 8103 CAMINO REAL, UNIT C-111 MIAMI FL 33143	
2. Principal Place of Business 21 10805 NW 29TH ST Suite, Apt. #, etc. 22		2a. Mailing Address 26 10805 NW 29TH ST Suite, Apt. #, etc. 27	
City & State 23 MIAMI FL Zip Country 24 33172 25		City & State 28 MIAMI FL Zip Country 29 33172 30	
9. Name and Address of Current Registered Agent DEANDREIS, RENE 8103 CAMINO REAL, UNIT C-111 MIAMI FL 33143		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 10805 NW 29TH ST 83 84 City MIAMI FL 85 Zip Code 33172	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRENO, ROBERTO 8103 CAMINO REAL, UNIT C-111 MIAMI FL 33143	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10805 NW 29TH ST MIAMI FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NAVAS, VICTOR F 8103 CAMINO REAL, UNIT C-111 MIAMI FL 33143	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEANDREIS, RENE A 8103 CAMINO REAL, UNIT C-111 MIAMI FL 33143	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10805 NW 29TH ST MIAMI FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARRENO, ROBERTO 8103 CAMINO REAL, UNIT C-111 MIAMI FL 33143	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10805 NW 29TH ST MIAMI FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEANDRESS, RENE A. 8103 CAMINO REAL UNIT C-111 MIAMI FL 33143	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10805 NW 29TH ST MIAMI FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)