

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 PM 10:05

DOCUMENT # P94000004883 (2)

1. Corporation Name
LOGO PLUS, INC.

Principal Place of Business: **8801 SW 130 PLACE
MIAMI FL 33186**
Mailing Address: **8801 SW 130 PLACE
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 State, Apt. #, etc.		26 State, Apt. #, etc.		01/20/1994	
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		29 Zip		65-0461444	Not Applicable
24 Country		30 Country		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAW FIRM OF LAWRENCE J.SPIEGEL, CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ROCOURT, KARINE	12 NAME					
STREET ADDRESS	8801 SW 130 PLACE	13 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186	14 CITY-ST-ZIP					
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		22 NAME					
STREET ADDRESS		23 STREET ADDRESS					
CITY-ST-ZIP		24 CITY-ST-ZIP					
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		32 NAME					
STREET ADDRESS		33 STREET ADDRESS					
CITY-ST-ZIP		34 CITY-ST-ZIP					
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		42 NAME					
STREET ADDRESS		43 STREET ADDRESS					
CITY-ST-ZIP		44 CITY-ST-ZIP					
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		52 NAME					
STREET ADDRESS		53 STREET ADDRESS					
CITY-ST-ZIP		54 CITY-ST-ZIP					
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		62 NAME					
STREET ADDRESS		63 STREET ADDRESS					
CITY-ST-ZIP		64 CITY-ST-ZIP					

14. I hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(9)(b), Florida Statutes. I further certify that the information indicated on the 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 of this report, or on an alternate form with an address.

SIGNATURE: *Karine Rocourt* 02/10/95 (505) 271-7855