


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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000004883 (2)
 1. Corporation Name
LOGO PLUS, INC.

Principal Place of Business 13370 S.W. 131ST STREET 103 MIAMI FL 33186 US	Mailing Address 13370 S.W. 131ST STREET 103 MIAMI FL 33186 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 12311 SW 133 Court	26 12311 SW 133rd Court		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		27 City & State	
Miami, FL		Miami, FL	
23 Zip	Country	28 Zip	Country
33186	USA	33186	USA

3. Date Incorporated or Qualified 01/20/1994	Applied For
4. FEI Number 65-0461444	Not Applicable
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LAW FIRM OF LAWRENCE J. SPIEGEL, CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROCOURT, KARINE	
STREET ADDRESS	13724 S.W. 149TH CIRCLE LANE, #4	
CITY-ST-ZIP	MIAMI FL	
TITLE	PTS	<input type="checkbox"/> DELETE
NAME	ROCOURT, Ghislaine	
STREET ADDRESS	9320 SW 137 Ave # 806	
CITY-ST-ZIP	Miami FL 33186	
TITLE	✓	<input type="checkbox"/> DELETE
NAME	Rocourt, Karine	
STREET ADDRESS	SW 137 Ave # 1210	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTS	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	ROCOURT Ghislaine		
1.3 STREET ADDRESS	9320 SW 137 Ave # 806		
1.4 CITY-ST-ZIP	Miami, FL 33186		
2.1 TITLE	✓	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	ROCOURT Karine		
2.3 STREET ADDRESS	SW 137 Ave # 1210		
2.4 CITY-ST-ZIP	Miami, FL 33186		
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 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: *Karine Rocourt* **04/14/98** **205 952 9760**

CR2E034 (10/97)