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**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90035 004 \*\*\*150.00

UC200-020

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000004883**

1. Corporation Name  
**LOGO PLUS, INC.**



Principal Place of Business	Mailing Address
12311 SW 133 COURT 103 MIAMI FL 33186 US	12311 SW 133RD COURT 103 MIAMI FL 33186 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified	Applied For
01/20/1994	Not Applicable
4. FEI Number	Applied For
65-0461444	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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, SUITE 806	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROCOURT, KARINE	
STREET ADDRESS	9320 SW 137 AVE, SUITE 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROCOURT, KARINE	
1.3 STREET ADDRESS	9320 SW 137 AVE # 806	
1.4 CITY-ST-ZIP	MIAMI, FL 33186	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROCOURT, KARINE	
3.3 STREET ADDRESS	9320 SW 137 AVE # 806	
3.4 CITY-ST-ZIP	MIAMI, FL 33186	
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, with all other like empowered.

SIGNATURE: Ghislaire Rocourt 01.23.99 305 252 9760  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)