

**PROFIT CORPORATION
ANNUAL REPORT**

1995

**Florida Department of State
Division of Corporations
Secretary of State**

DIVISION OF CORPORATIONS

DOCUMENT # P94000005879 (9)

1. Corporation Name

REAL LOGIC CORP.

FILED

95 JUL 11 AM 9:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**245 S.E. 1ST STREET
SUITE 205
MIAMI FL 33131**

Mailing Address

**245 S.E. 1ST STREET
SUITE 205
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/25/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

4. FEI Number

65-0463823

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

**PETTINATO, RICARDO
2445 S.W. 18TH ST.
#2
MIAMI FL 33145**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

**PETTINATO, RICARDO
2445 S.W. 18TH ST. #2
MIAMI FL 33131**

CITY-ST-ZIP

D

NAME

**CHAYAS, JORGE
2445 S.W. 18TH ST. #2
MIAMI FL 33131**

CITY-ST-ZIP

D

NAME

**MARTINEZ, RAUL
2445 S.W. 18TH ST. #2
MIAMI FL 33131**

CITY-ST-ZIP

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NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-95

Date

(305) 579-0168

Daytime Phone #