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

**PROFIT** CORPORATION ANNUAL REPORT

1997

SIGNATURE: 🖔



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000051352 (0)

LOGOS CONSULTING, INC.

Principal Place of Business Mailing Address 4409 FRANCES DRIVE 4409 FRANCES DRIVE **DELRAY BEACH FL 33445** DELRAY BEACH FL 33445-3220 2. Principal Place of Business 2a. Mailing Address 21 26

APPROVED

1997 HAY 12 PH 12: 42

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Sa. Date of Last Report

Applied For

04/30/1996



3. Date Incorporated or Qualified

07/12/1994

65-0503770

4. FEI Number

SUIC, Apt. P. cit.    Suite, Apt. P. cit.   25   20   21   22   27   20   20   30   30   30   30   30   30	21		26			65-0503770	Not Applicable
City & State   City & State   City & State   City & State   S.0.0 May Be   Added to Fees   Thus Eurol Contribution   Added to Fees   Thus Eurol Euro	Suite, Apl	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
Type Country Zp Country Bay Bay Country Ba	22					6. Continuate of Status Desires	Fee Required
Country   Zip   Country   Zip   Country   S. This corporation has fability for intengible lax under is 199 032, point of the provisions of Section 8 (2) (199	·	e	City & State			6. Election Campaign Financing	\$5.00 May Be
g. Name and Address of Current Registered Agant  PICH, PAUL 4409 FRANCES DR  DELRAY BEACH FL 33445  82 Stroot Address (P.O. Box Number is Not Acceptable)  83 Stroot Address (P.O. Box Number is Not Acceptable)  84 Dr.  PURSUANT ID the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-mend corporation submits this statement for the purpose of changing its registered spent, or both, in the State of Florida Statutes, the above-mend corporation submits this statement for the purpose of changing its registered spent, or both, in the State of Florida Statutes, the above-mend corporation submits this statement for the purpose of changing its registered spent (and accept the obligations of, Socions 607 0505, Florida Statutes, Stock of the special part of the purpose of changing its registered spent (and the purpose of changing its registered spent (and the purpose of the purpose of changing its registered spent (and the purpose of the pur	23					Trust Fund Contribution	Added to Fees
9, Name and Address of Current Registered Agent PICH, PAUL 4409 FRANCES DR DELRAY BEACH FL 33445  82 Streat Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 City FL 85 Zip Code  86 City FL 85 Zip Code  87 Pursuant to the provisions of Sactions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and statutes on registered agent or both, in the State of Bonds. Such change was submitted by the corporations board of directors. I hereby accept the deplanation of Such Change was submitted by the corporations board of directors. I hereby accept the appointment as registered agent are unit and except the obligations of Subsidios 670 505, Florida Statutes.  90 FICE PRAINT AGENTS  90 FICE PRAINT AGENTS  12 Num PCA_PABLO R  13 STREET ADDRESS  4409 FRANCES DRVE  14 STREET ADDRESS  15 STREET ADDRESS  16 STREET ADDRESS  17 ST-2P  18 STREET ADDRESS  18 STREET ADDRESS  19 STREET ADDRESS  19 STREET ADDRESS  20 STREET ADDRESS  21 STREET ADDRESS  22 Num PARKET STREET ADDRESS  23 STREET ADDRESS  24 CITY ST-2P  10 Design 10 Design 10 Design 11 Design 12 Num PRAINT ST-2P  10 Design 12 Num PRAINT ST-2P  10 Design 14 STREET ADDRESS  15 STREET ADDRESS  16 STREET ADDRESS  17 ST-2P  18 STREET ADDRESS  18 STREET ADDRESS  18 STREET ADDRESS  19 STREET ADDRESS  10 STREET ADDR	···		············	····	<i>'</i>	1	
PICH, PAUL 4409 FRANCES DR DELRAY BEACH FL 33445  B1   Name  B2   Street Address (P.O. Box Number is Not Acceptable)  B3   Street Address (P.O. Box Number is Not Acceptable)  B4   Oity   FL   B5   Zip Code  B5   Oity   FL   B5   Zip Code  B6   Oity   FL   B5   Zip Code  B6   Oity   FL   B5   Zip Code  B7   Oity FL   B5   Zip Code  B7   Oity FL   B5   Zip Code  B7   Oity FL   B5   Zip Code  B7   Oity FL   B5   Zip Code  B7   Oity FL   B5   Zip Code  B7   Oity FL   B5   Zip Code  B7   Oity FL   B5   Zip Code  B7   Oity FL   B5   Zip Code  B7   Oity FL   B5   Zip Code  B7   Oity FL   B5   Zip Code  B7   Oity FL   B5   Zip Code  B7   Oity FL   B5   Zip Code  B7   Oity FL   B5   Zip Code  B7   Oity FL   B5   Zip Code  B7   Oity FL   B5   Zip Code  B7   Oity FL   B5   Zip Code  B7   Oity FL   B5   Zip Code  B7   Oity FL   B5	24]			30		1	
PLIA, YAMU  4406 FRANCES DR  DELRAY SEACH FL 33445  82 Street Address (P.O. Box Number is Not Acceptable)  83    44 City   FL   85   Zip Code  141. Pursiant to thic provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered office or registered again or both, in the State of Frienda. Such change was authorized by the corporation's board of divectors. I hereby accept the appointment as registered signed in the provision of Section 607.0508, Florida Statutes.  83    84   City   FL   85   Zip Code  141. Pursiant to thic provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-nemed occipration submits this statement for the purpose of changing its registered of the corporation's board of divectors. I hereby accept the appointment as registered spent to the provision of the provision of the corporation submits this statement for the purpose of changing its registered spent to the provision of the provision of the provision of the provision of the appointment as registered spent to the provision of the			of Current Registered Agent		T 50	10. Name and Address of New Register	ed Agent
DELRAY BEACH FL 33445    63   64   City   FL   95   Zip Code	4409 FRANCES DR				82 Street Address (P.O. Box Number is Not Acceptable)		
FL   B5   ZP Code							
11. Pursuant to this provisions of Socions 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 familiar with, and accept the obligations of, Socion 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE							
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 at the statement for the purpose of changing its registered agent at the statement for the purpose of changing its registered agent at the statement for the purpose of changing its registered agent at the statement for the purpose of changing its registered agent at the statement for the purpose of changing its registered agent at the statement for the purpose of changing its registered agent at the statement for the purpose of changing its registered agent at the statement for the purpose of changing its registered agent at the statement for the purpose of changing its registered agent at the statement for the purpose of changing its registered agent at the statement for the purpose of changing its registered agent at the corporation's board of directors. I hereby accept the appointment as registered agent at the corporation's board of directors. I hereby accept the appointment as registered agent at the corporation's board of directors. I hereby accept the appointment as registered agent at the corporation's board of directors. I hereby accept the appointment as registered agent at the corporation's board of directors. I hereby accept the appointment as registered agent at the corporation's board of directors. I hereby accept the appointment as registered agent are registered agent at the corporation's board of directors. I hereby accept the appointment as registered agent are appointment as a position of the corporation's board of directors. I hereby accept the appointment as registered agent are appointment as a position of directors. I hereby accept the appointment as a position of directors. I hereby accept the appointment and accept the appointment an				83			
Pursuant to this provisions of Socions 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 submitzed by the corporation's board of directors. I hereby accept the appointment as registered agent for after a familiar with, and accept the obligations of, Sociotion 670,6005, Florida Statutes.    SIGNATURE				84	City		85 Zip Code
Office of registered agent, or both, in the State of Findla. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent are many accept the project of projects of States.  SIGNATURE  12. OF FICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITTLE  PROCA, PABLO R  12 MWE  13. STREET ADDRESS  STREET ADDRESS  DELRAY BEACH FL 33445  DELETE  13. STREET ADDRESS  13. STREET ADDRESS  -05/19/9701191013  Addition  ROME  22 NAWE  23. STREET ADDRESS  DELETE  31. TITLE  22 NAWE  33. STREET ADDRESS  -05/19/9701191013  Addition  STREET ADDRESS  DELETE  31. TITLE  32. NAWE  33. STREET ADDRESS  -05/19/9701191013  Addition  STREET ADDRESS  DELETE  31. TITLE  32. NAWE  33. STREET ADDRESS  DELETE  31. TITLE  32. NAWE  33. STREET ADDRESS  DOT-S1-7P  INC. S1-7P  INC. S1-							<b>iL</b>   [ ]
asgent Tarrillar with, and accept the colligations of, Societies 807,0505, Florida Statutes.  SIGNATURE  Signature Signature of protect nume of legiscore aligner and one if applicable.  POFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INTE  PROCA PABLO R  4409 FRANCES DRIVE  1.1 TITLE  1.1 TITLE  1.2 NAWE  4409 FRANCES DRIVE  1.3 SIRECT ADDRESS  DELRAY BEACH FL 33445  1.4 DITY-ST-2P  DELETE  2.1 RITLE  2.2 NAWE  2.3 SIRECT ADDRESS  DOT-ST-7P  1.5 LAPP	11. Pursuant office or r	to the provisions of Section: registered agent, or both, in	s 607.0502 and 607.1508, Florida Sta the State of Florida, Such change wi	atutes, the abov	e-named corpo	pration submits this statement for the purpos	e of changing its registered
POSE regulator acquired of segrect agents and seet applicable (NOTE Regulator depends depart sequented whom remainlating)  DELETE 1.1 TITLE	agent I a	irri familiar with, and accept	the obligations of, Section 607.0505,	Florida Statute	8.	one board of directors, I hereby accept the t	appointment as registered
POSE regulator acquired of segrect agents and seet applicable (NOTE Regulator depends depart sequented whom remainlating)  DELETE 1.1 TITLE	SIGNATURE						
DELETE   1.1 TITLE     Change   Addition				NOTE: Registered Ag	ent signature require		
ROCA, PABLO R 4409 FRANCES DRIVE DELRAY BEACH FL 33445 DELETE 21 TITLE RAME SINEET ADDRESS DIV. 51-7P DELETE 22 NAME 23 STREET ADDRESS DIV. 51-7P DELETE 31 TITLE 32 NAME 32 NAME 33 STREET ADDRESS DIV. 51-7P DELETE 31 TITLE 32 NAME 33 STREET ADDRESS DIV. 51-7P DELETE 34 CITY- 51-7P DELETE 41 TITLE 34 CITY- 51-7P DELETE 41 TITLE 42 CITY- 51-7P DELETE 42 NAME 43 STREET ADDRESS DIV. 51-7P DELETE 43 STREET ADDRESS DIV. 51-7P DELETE 41 TITLE 42 CITY- 51-7P DELETE 55 TITLE 55 NAME 55 STREET ADDRESS DIV. 51-7P DELETE 51 TITLE 55 NAME 55 STREET ADDRESS DIV. 51-7P DELETE 51 TITLE 55 NAME 55 STREET ADDRESS DIV. 51-7P DELETE 55 STREET ADDRESS 55	12.	r				ADDITIONS/CHANGES TO OFFICERS A	
Addition   Street ADDRESS   Addition   DELETE   STREET ADDRESS   DIV. ST. ZPP   DELETE   STREET ADDRESS   STREET ADDRES		•	L.J DELEIE		11:		
DELETE   D			_	1.2 NAME	10.	00000218	40905
DELETE   D	STREET ADDRESS			1.3 STREET	ADDRESS	-05/19/97-	-01191019
NAME SINEET ADDRESS CITY- ST-ZIP    DELETE   ST TITLE   Change   Addition	C(TY-ST-7)P	DELRAY BEACH FL 3			ST-ZIP	****550.0	0 ****550_00
23 STREET ADDRESS CITY_ST-ZIP  DELETE 3.1 TITLE	THILE		☐ DELETE	2.1 TITLE			Change Addition
2.4 CITY-ST-ZIP    DELETE   DELETE   S1 TITLE   Change   Addition	NAME			2.2 NAME			
DELETE 31 TITLE  32 NAME 33 STREET ADDRESS CHY-SI-ZIP  34. CHY-SI-ZIP  DELETE 41 TITLE 42 NAME 42 NAME 43 STREET ADDRESS CHY-SI-ZIP  DELETE 51 TITLE 51 TITLE 61 NAME 52 NAME 53 STREET ADDRESS CHY-SI-ZIP  DELETE 51 TITLE 61 NTLE 62 NAME 53 STREET ADDRESS CHY-SI-ZIP  DELETE 61 TITLE 63 STREET ADDRESS CHY-SI-ZIP  DELETE 64 TITLE 65 NAME 66 STREET ADDRESS CHY-SI-ZIP  DELETE 61 TITLE 66 NAME 66 STREET ADDRESS CHY-SI-ZIP  DELETE 61 STREET ADDRESS CHY-SI-ZIP  Addition Ad	STREET ADDRESS			2.3 STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZPP 3.4 CITY-ST-ZIP  DELETE 4.1 TITLE Change Addition  4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP  DELETE 5.1 TITLE Change Addition  ALCITY-ST-ZIP  DELETE 5.1 TITLE Change Addition  Change Addition  ACTIV-ST-ZIP  DELETE 5.1 TITLE Change Addition  Addition  AMME STREET ADDRESS CITY-ST-ZIP  DELETE 5.1 TITLE Change Addition  Add	CHY-SI-ZIP			2.4 CITY -	ST-ZIP		
STREET ADDRESS CITY - ST - ZIP  DELETE	TITLE !		☐ DELETE	3.1 TITLE	,		Change
34. CITY-ST-ZIP    DELETE	NAME						
DELETE 4.1 TITLE				3.3 STREET	ADDRESS		
AAME  4.2 NAME  4.3 STREET ADDRESS  CITY - ST - ZIP  TITLE  DELETE  5.1 TITLE  Change  Addition  5.2 NAME  5.3 STREET ADDRESS  CITY - ST - ZIP  SHEET ADDRESS  CITY - ST - ZIP  DELETE  6.1 TITLE  Change  Addition  Addition  Change  Addition  SHEET ADDRESS  CITY - ST - ZIP  LO horeby 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 excurate and that my signature shall have the same legal effect as if made under oath, that	City - St - ZiP				ST-ZIP		
A 3 STREET ADDRESS  CITY - ST - ZIP  CIT	=		☐ DELETE	4.1 TITLE			L Change L Addition
A 4 CITY-ST-ZIP    DELETE   DELETE   Change   Addition	NAME			4. 2 NAME			
DELETE 5.1 TITLE Change Addition  5.2 NAME  5.3 STREET ADDRESS  CITY - ST - ZIP  DELETE 5.1 TITLE  5.4 CITY - ST - ZIP  DELETE 6.1 TITLE  Change Addition  Change Addition  Change Addition  Change Addition  6.2 NAME  6.2 NAME  6.3 STREET ADDRESS  CITY - ST - ZIP  1. I do 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 outby that	STREET ADDRESS			4.3 STREET	ADDRESS		
STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  SA CITY-ST-ZIP  DELETE  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  CHY-ST-ZIP  14. I do 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 outby that	CITY - ST - ZIP		No. por		IT-ZIP		
5.3 STREET ADDRESS  CITY - ST - ZIP  DELETE  DELETE  6.1 TITLE  Change  Addition  6.2 NAME  6.3 STREET ADDRESS  CITY - ST - ZIP  6.4 CITY - ST - ZIP  6.4 CITY - ST - ZIP  1. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under outs that			L) DELETE				L Change L Addition
5.4 CITY-ST-ZIP    DELETE   DE	NAME			5.2 NAME	İ		
DELETE 6.1 TITLE  6.2 NAME 6.3 STREET ADDRESS CHY-ST-ZIP 14. I do 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under outby that	STREET ADDRESS			5.3 STREET	ADDRESS		
62 NAME 63 STREET ADDRESS City: \$1-ZP  14. I do 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 outby that	City -S1 - 7IP				I-ZIP		
63 STREET ADDRESS 61 STREET ADDRESS 6.4 CITY-ST-ZIP  14. I do 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 outby that	TifeE		☐ DELETE				Change Addition
6.4 City-St-Zir  14. I do 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 outby that	NAME			6.2 NAME	]		JUN 101
14. I do 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 path; that	STREET ADDRESS			6.3 STREET	ADDRESS	•	2/(01,
Initial that the same least effect as if made under notice that an initial properties and that my signature shall have the same least effect as if made under notice that it	CHY-SI-ZiP						<u> </u>
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	Internatio	in indicated on this annual r	'epon or supplemental annual report	is true and accu	urate and that i	mv signature shall have the same legal effec	t as it made under nath, that I
opposite Block 19 or Block 19 William and a statement with an extension	I am an o	fficer or director of the corp	oration or the receiver or trustee emp	owered to exec	ute this report	as required by Chapter 607, Florida Statutes	s; and that my name