

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000048381 (4)**

1. Corporation Name

LOGICAL DESIGN ASSOCIATES, INC.



Principal Place of Business

21346 ST ANDREWS BLVD
SUITE 213
BOCA RATON FL 33433

Mailing Address

21346 ST ANDREWS BLVD
SUITE 213
BOCA RATON FL 33433

2. Principal Place of Business

2a. Mailing Address

21 State, April 4, etc.

26 State, April 4, etc.

22 City & State

27 City & State

23 Zip County

28 Zip County

24 25

29 30

9. Name and Address of Current Registered Agent

FRANCO, OSVALDO
21346 ST ANDREWS BLVD
SUITE 213
BOCA RATON FL 33433

3. Date Incorporated or Qualified	3a. Date of Last Report
06/19/1995	New Corporation
4. FEI Number	Applied For
65-0588488	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 has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Name and Address of New Registered Agent	

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(5)(b) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or principal 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 authorized to accept the provisions of Sections 607.01(2) and 607.01(5)(b) Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>12.1 NAME: President <input type="checkbox"/> DELETED</p> <p>12.2 NAME: Oswaldo Franco <input type="checkbox"/> DELETED</p> <p>12.3 NAME: 21346 Saint Andrews Blvd <input type="checkbox"/> DELETED</p> <p>12.4 NAME: Suite 213 <input type="checkbox"/> DELETED</p> <p>12.5 NAME: Boca Raton, FL 33433 <input type="checkbox"/> DELETED</p>	<p>13.1 NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>13.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.3 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.4 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.5 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.6 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

add this office.

14. I hereby certify that the information supplied to the filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. Further, I certify that the information included in this annual report or supplementary annual report is true and accurate, and that my signature shall have the same legal effect as if made under oath. I am authorized by the board of directors of the corporation or the officer or officers empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13, and that I am currently in contact with an address.

SIGNATURE: *Oswaldo Franco* OSVALDO FRANCO, President, 1/14/96

CR2E034 (12/95)