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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048381 (4)

LOGICAL DESIGN ASSOCIATES, INC.

Principal Place 21346 ST AND SUITE 213	REWS BLVD	Mailing Address 21346 ST ANDREWS B SUITE 213	46 ST ANDREWS BLVD TE 213						
BOCA RATON	FL 33433	BOCA RATON FL 3343	3-2432			3. Date Incorporated or Qualified 3a. Date of Last Report 06/19/1995 01/23/1996			
Principal Place of Business 1		2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For 65-0588488 Not Applied by			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Certificate of Status Desired. \$8.75 Additional			
City & State		City & State	City & State			Fee Required			
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	intry	,	This corporation has liability for intangible tax under s. 199 032, Florida Statutes			
24	25 g. Name and Address of Curre	29 29 Agent	30	r		Florida Statutes Lj Yes Lj No 10, Name and Address of New Registered Agent			
EDA	NCO, OSVALDO	on nogistores rigent		81	Name	IV. Trains and trade of their registrost right			
	46 ST ANDREWS BLVD		•	62	Ctroot As	ddress (D.O. Day Murchas is Not Assentable)			
	TE 213			D.Z.	Street At	ddress (P.O. Box Number is Not Acceptable)			
BOO	CA RATON FL 33433			B3					
				84	City	FL 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 again, 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 virtuand accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, speed or pented name of registeryl agent and title if applicable [NOTE: Registered Agent signature required when reinslating) DATE									
12.		ND DIRECTORS	13.	- · · · ·	an agnator o	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE	1.1 1	TLE		☐ Change ☐ Addition			
NAME	FRANCO, OSVALDO	-	1.2 N	AME					
STREET ADDRESS 21346 SAINT ANDREWS BLVD		VD		1.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL	☐ DFLETE	1.4 Cl 2.1 Ti	********	ST-ZIP	Change Addition			
NAME		otten	2.1 ti						
STREET ADDRESS					ADDRESS				
CITY-SI-7IP			1		ST-ZIP				
TITLE		☐ DELETE	3.1 Ti	TLE		Change Addition			
NAME			3 2 N	AME					
STREET ADDRESS			3.3 S	TAEET	ADDRESS				
CITY - S1 - ZIP		T prietr			ST-ZIP				
TITLE		L DELETE	41T			Change Addition			
NAME DESCRIPTION OF CO.				IAME	ADDRESS				
STREET ADDRESS CITY-ST-ZIP					ST-ZIP				
TITLE		DELETE	5.1 T		51-ZIF	☐ Change ☐ Additio			
NAME			52 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE	MANAGE BANKALING PROPERTY OF THE STREET	☐ DELETE	6.1 T	•••••		Change Additio			
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET	T ADDRESS				
PITY-ST-7/P			640	itv. (ST. 7IP				

Too hereby certify that the information supplied with this filing cloes 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 oath, that I am an officer or director of the corporation or the receiver of 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 chaffed, or on an attachment with an address.

Date

Daytime Prione #

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR