

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

FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000045534 (0)

1. Corporation Name  
LOGISOFT, INC.



Principal Place of Business  
4851 N.W. 103RD AVENUE  
#55C  
SUNRISE FL 33351

Mailing Address  
4851 N.W. 103RD AVENUE  
#55C  
SUNRISE FL 33351-7948

3. Date Incorporated or Qualified  
05/29/1996

3a. Date of Last Report

2. Principal Place of Business  
21 1050 NW 125th Avenue  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1050 NW 125th Avenue  
Suite, Apt. #, etc.

4. FEI Number  
65-0668306

Applied For  
Not Applicable

22 City & State  
23 SUNRISE FL

27 City & State  
28 SUNRISE FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33323 25 USA

29 33323 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BENNIS, LOUBNA  
4851 N.W. 103RD AVE.  
#55C  
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name  
BENNIS LOUBNA  
82 Street Address (P.O. Box Number is Not Acceptable)  
1050 NW 125th Avenue  
83  
84 City  
SUNRISE FL 85 Zip Code  
33323

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 (NOTE: Registered Agent signature required when reinstating) 04.03.97 DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	BENNIS, LOUBNA	4851 N.W. 103RD AVE. #55C	SUNRISE FL 33351	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
V/P Operations	DRISS BENNIS	1050 NW 125th Avenue	SUNRISE FL 33323	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRESIDENT/D	LOUBNA BENNIS	1050 NW 125th Avenue	SUNRISE FL 33323	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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: (NOTE: Registered Agent signature required when reinstating)

04.03.97 (954) 851-9962

SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0291856

CR2E034 (9/96)