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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

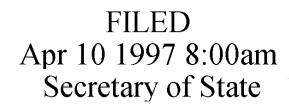
Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000045534 (0)

LOGISOFT, INC.

Principal Place of Business

Mailing Address





| 4851 N.W. 103 #55G SUNRISE FL 3 | | | 4851 N.W. 103RD AVENU #55C SUNRISE FL 33351-7948 | E | | | |
|--|--|--|--|--------------------------------|---|---|--|
| | | | | | 3. Date Incorporated or Qua 05/29/1996 | lified 3a. Date of La | ist Report |
| 2. Principal P | lace of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For |
| 21 1050 | NW 125 t | h Avenue | 26 1050 NW | 125th Aven | u 65-06683 | 06 | Not Applicable |
| Suite, Apt | #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desire | | 75 Additional se Required |
| City & Stat | ∘ SRiSE | FL | City & State 28 SUNRISE | PL | 6. Election Campaign Financ Trust Fund Contribution | | .00 May Be ded to Fees |
| Zip 24 | | USA | ^{Zip} 33323 | Country 30 US/A | This corporation has liabiling Florida Statutes | ity for intangible tax und Yes D No | ler s. 199.032, |
| | 9. Name and A | ddress of Current | Registered Agent | | 10. Name and Address of N | aw Registered Agent | |
| BEN | INIS, LOUBNA | | | 81 Name | BENNIS LOUBNA | | |
| 4851 N.W. 103RD AVE. #55C 82 Street | | | | | Address (P.O. Box Number is Not Acceptable) | | |
| SU | VRISE FL 33351 | | | 83 | | | |
| | | | | | SON RISE | FL ! | Zip Code 33323 |
| 11. Pursuant office or r | to the provisions of registered agent, or | Sections 607 0502 both, in the State of | and 607.1508, Florida Statu Florida Such change was | | corporation submits this statement for poration's board of directors, I hereby | r the purpose of chang accept the appointmen | ing its registered at as registered |
| agent. La | ını famillar with, and | accept the obligat | or, of, Section 607.0505, F | lorida Statutes. | | | |
| SIGNATURE | <u> </u> | AMA | | TE: Regislered Agent signature | p required when reinstaling) | չ. <i>97</i> | |
| 12. | Signature, typed or printe | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO | | TORS IN 12 |
| TULE | i D | OF FIOLITS AINE | DELETE | 1.1 TITLE | V/B operations | Cha | |
| NAME | BENNIS, LOUE | NA . | otter | 1.2 NAME | IDRISS BENNIS | U.S. | ngo <u>a naomon</u> |
| STREET ADDRESS | | RD AVE. #55C | | 1.3 STREET ADDRESS | 1050 NW 125th Avenu | <u>. </u> | |
| | SUNRISE FL 3 | | | | Sunrise FL 3332 | | |
| C-TY - ST - ZIP TITLE | VOINIOE I C O | | DELETE | 1.4 CHTY-ST-ZIP 2.1 TITLE | | Cha | inge Addition |
| | | | | | PRESIDENT / D. | | ingo rotation |
| hAME | | | | 2.2 NAME | 1050 NW ILF TH AVENU | با | |
| STREET ADDRESS | | | | | sunsise PL 33323 | | |
| CITY-S1-7IP | | | DELETE | 2.4 CITY-ST-ZIP 31 TITLE | summer fr 33363 | ☐ Cha | nge Addition |
| TITLE | | | | | } | L., Vila | ille Til vacition |
| NAME | | | | 32 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY - ST - Zif' | | | T Druete | 3.4. CITY - ST - ZIP | | | and the state of t |
| TITLE | | | ☐ DELETE | 4.1 TITLE | | L.J Cha | inge L. Addition |
| NAME | | | | 4. 2 NAME | | Y | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | } | • | |
| CHY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | | L DELETE | 5.1 TITLE | | [] Cha | inge Addition |
| NAME | | | | 5.2 NAME | \ | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 5.4 GITY - ST - ZIP | | | |
| TITLE | | | ☐ DELETE | 6 1 TITLE | | ☐ Cha | inge 🔲 Addition |
| NAME | | | | 62 NAME | 1 | | |
| STREET ADDRESS | | | | 63 STREET ADDRESS | • | | |
| CITY-\$1-7P | | | | 64 CITY-ST-ZIP | | | |
| | by cortdy that the it | formation supplied | with this filing does not gua | | stated in Section 119 07(3)(i) Florida 5 | Statutes Liuribar certify | that the |

I have a received the morniage of the composition of the exemption stated in Section 119.07(3)(1), 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 ecceive 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 changed or in a attackment with an address.

SIGNATURE:

ar Othreb ED NAME OF SIGNING OFFICER OR DIRECTOR