

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

FILED  
Jun 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000045534 (0)

1. Corporation Name  
LOGISOFT, INC.

Principal Place of Business

1050 N.W. 125TH AVE.  
SUNRISE FL 33323  
US

Mailing Address

1050 N.W. 125TH AVE.  
SUNRISE FL 33323  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1996

4. FEI Number

65-0668306

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 5565 PRESTON OAKS RD

Suite, Apt. #, etc.

22 # 294

City & State

23 DALLAS TX

Zip

24 75240

Country

2a. Mailing Address

26 5565 PRESTON OAKS RD

Suite, Apt. #, etc.

27 # 294

City & State

28 DALLAS TX

Zip

29 75240

Country

30

9. Name and Address of Current Registered Agent

BENNIS, LOUBNA  
1050 N.W. 125TH AVE. 2222 Polk street #17  
SUNRISE FL 33323  
Hollywood FL 33020

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5565 PRESTON OAKS RD # 294

83

84 City

DALLAS

TX

FL

85 Zip Code

75240

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVD ☐ DELETE

NAME BENNIS, LOUBNA

STREET ADDRESS 4851 N.W. 103RD AVE. #55C

CITY-ST-ZIP SUNRISE FL

TITLE IDRIS BENNIS ☐ DELETE

NAME 5565 Preston Oaks Rd # 294

STREET ADDRESS Dallas TX 75240

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☒ Change ☐ Addition

1.2 NAME 5565 Preston Oaks Rd # 294

1.3 STREET ADDRESS Dallas, TX 75240 2222 Polk St #17

1.4 CITY-ST-ZIP Hollywood FL 33020

2.1 TITLE PRESIDENT DIRECTOR ☐ Change ☒ Addition

2.2 NAME 5565 Preston Oaks Rd # 294

2.3 STREET ADDRESS Dallas TX 75240

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

LOUBNA BENNIS 03/16/98 977.385.1669

CR2E034 (10/97)