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

FILED PROFIT Apr 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000007171 (6) DOCUMENT #
1. Corporation Name LOGIC-TREE TECHNOLOGIES, INC. Principal Place of Business Mailino Address 10567 NW 8TH LN. 10567 NW 8TH LN MIAMI FL 33172 MIAMI FL 33172 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/24/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65 - 072,12 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζφ Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name FOSTER, ANDRE 10567 NW 8TH LN. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33172** 83 84 City 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 agent, or both, in the Statu 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. NDRE FOSTER
rectified or printed name of registered agent and time if applying 13 tegistered Agent signature required whon reinstating) SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE PRESIDENT 1 1 7171 F NAME ANDREL FOSTER 1.2 NAME 10567 NW 8th LANE STREET ADDRESS 1.3 STREET ADDRESS MIMMI EL 33/72 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITLE TANYA C FOSTER 2.2 NAME NAME 10567 NW BEG CANE 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CHTY-ST-ZIP MINNY FL 33/12 DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME TANVA C. FOSTER 3.3 STREET ADDRESS STREET ADDRESS 10367 NW 816 CANK MIAMI FL 33172 CITY-ST-ZIP 34 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME

CITY-ST-2IP 6 4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling 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 autoful per with an address

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

52 NAME

6 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADORESS CITY-S1-7IP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

Change

Addition

Addition