

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000007724 (2)**

1. Corporation Name
LOGA INTERNATIONAL CORP.



Principal Place of Business 1059 N.E. 204TH LANE NORTH MIAMI BEACH FL 33179	Mailing Address 1059 N.E. 204TH LANE NORTH MIAMI BEACH FL 33179
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1057 N.E. 204 LANE Suite, Apt. #, etc. 22 N/A City & State 23 NORTH MIAMI BEACH, FL Zip 24 33179 Country 25 USA		2a. Mailing Address 26 1057 N.E. 204 LANE Suite, Apt. #, etc. 27 N/A City & State 28 NORTH MIAMI BEACH, FL Zip 29 33179 Country 30 USA		3. Date Incorporated or Qualified 01/21/1997	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PREUDHOMME, DONNA 1059 N.E. 204TH LANE NORTH MIAMI BEACH FL 33179				10. Name and Address of New Registered Agent 81 Name NORA PREUDHOMME 82 Street Address (P.O. Box Number is Not Acceptable) 1057 N.E. 204 LANE 83 84 City NORTH MIAMI BEACH FL 85 Zip Code 33179	

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DONNA PREUDHOMME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREUDHOMME, DONNA	1.2 NAME	DONNA PREUDHOMME
STREET ADDRESS	1059 N.E. 204TH LANE	1.3 STREET ADDRESS	1057 N.E. 204 LANE
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	1.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	100002527501 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-05/18/98--01080--017
STREET ADDRESS		6.3 STREET ADDRESS	***158.75
CITY-ST-ZIP		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:

Donna Preudhomme

4/18/98

CR2E034 (10/97)