SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V21417

WILLIE LOGAN, INC.

FILED Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90011 045 ***550.00



Principal Place of Business Mailing Address					(SBBS) Bitbio 11001 11011 AIDD 11011 FEBT GIBN BIBN BIBN BIBN BIBN BIBN
18870 NW 53 PI		2481 NW 152ND TERRACE	_		
MIAMI FL 33055		OPA LOCKA FL 33054			
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
			_		03/16/1992
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0318560 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			5. Certificate of Status Besiled Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year
24	25		30		Intangible Personal Property. Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
1.00	AND AND LIE		1	Name	9
	AN JR, WILLIE	82 Street Add		32 Street	t Address (P.O. Box Number is Not Acceptable)
	NW 152ND TER	Jan Street A			
OPA	LOCKA FL 33054		Ī	33	
			-		los Zio Codo
			'	34 City	FL 85 Zip Code
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statute	s, the abo	/e-named	corporation submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the State (am familiar with, and accept the obligat	of Florida. Such change was a tions of, section 607,0505. Flo	iuthorized orida Statu	by the cor les.	poration's board of directors. I hereby accept the appointment as registered
-	arr rammar war, and coopt are conga-				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registere	d Agent signa	nture required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PDT	DELETE	1.1 TITE	E	Change Addition
NAME	LOGAN, JR. W		1.2 NAM	E	
STREET ADDRESS	2481 N.W. 152ND TERRACE		1.3 STRI	ET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL		1.4 CITY	-ST-ZIP	
TITLE	V	DELETE	2.1 TITL	Ĕ	Change Addition
NAME	LOGAN, RUTH		2.2 NAM	E	
STREET ADDRESS	2481 N.W. 152 TERR.		2.3 STR	ET ADORESS	
CITY-ST-ZIP	OPA LOČKA FL	يه مه دريوست د سال مست	2.4 CITY	والمتعاريات	المراقعة ويتعالم فيكار المنتقب الدارات المنتقليفيني الميارات الماعات المارات الماعات المارات
TITLE	VSD	DELETE	3.1 TITL		Change Addition
NAME	LOGAN, LYRA	- I DECEIE	3.2 NAM		Li Orlange Li Addition
	18870 NW. 53 PLACE	1		EET ADDRESS	
STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		3.4 CITY 4.1 TITL		Change Addition
TITLE		DELETE	1		Change L Addition
NAME			4.2 NAM		
STREET ADDRESS		_		EET ADDRESS	5
CITY-ST-ZIP			4.4 CIT		
TITLE		DELETE	5.1 TITL		Change Addition
NAME			5.2 NAM	E	
STREET ADDRESS			5.3 STR	EET ADDRESS	3
CITY-ST-ZIP			5.4 CITY	-\$T-ZIP	·
TITLE		DELETE	6.1 TITL	E	Change Addition
NAME			6.2 NAM	E	
STREET ADDRESS			6.3 STR	ET ADDRESS	
מדע פיז דום				_ST_7IP	

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.

CR2E034 (5/99