

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V59888**

(0)

1. Corporation Name

LOGICA INTERNATIONAL CORP.

FILED
Mar 04, 1996 08:00 AM
Secretary of State



Principal Place of Business

**100 N. BISCAYNE BLVD.
SUITE 1415
MIAMI FL 33132
US**

Mailing Address

**100 N. BISCAYNE BLVD.
SUITE 1701
MIAMI BEACH FL 33141
US**

3. Date Incorporated or Qualified
08/24/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0354530

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEREIRA, EDER SAN JUAN
100 N. BISCAYNE BLVD.
SUITE 1415
MIAMI FL 33132**

81 Name

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

83

84 City

FL

85 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 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 agree to the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed, of the name of registered agent and, if not applicable,

(NOTE: Registered Agent signature, required when registering)

DATE

FEB/28/96

12. OFFICERS AND DIRECTORS

TITLE **PS** ☐ DELETE
NAME **PEREIRA, EDER SAN JUAN**
STREET ADDRESS **100 N. BISCAYNE BLVD., SUITE 1415**
CITY-STATE-ZIP **MIAMI FL 33132**

TITLE **CT** ☐ DELETE
NAME **MENDONCA, RICARDO**
STREET ADDRESS **2949 DIXIE HWY #423**
CITY-STATE-ZIP **FORT LAUDERDALE FL 33334**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1 NAME
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

2 NAME
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

3 NAME
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

4 NAME
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

5 NAME
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

6 NAME
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

EDER SAN JUAN PEREIRA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB/28/96 (305) 373-8800
DATE DAYTIME PHONE #

CR2E034 (12/95)