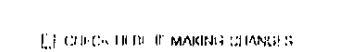
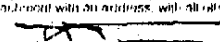


01-27-2003 90235 049 ***150.00

COSIL, INC.



10011851

1. Principal Place of Business 2668 BRICKELL AVE MIAMI FL 33129		Mailing Address SUCRE 1351 COFICO CORDOBA, ARGENTINA OC			
2. Principal Place of Business State, Apt. #, etc. City & State		3. Mailing Address State, Apt. #, etc. City & State		☐ CHECK HERE IF MAKING CHANGES	
4. FEIN Number 65-1046390		5. Certificate of Status Issued ☐ \$8.75 Additional Fee Required		Applied Fee Not Applicable	
6. Name and Address of Current Registered Agent SALAZAR, USETTE P ESQ. 240 CRANDON BLVD. 268 KEY BISCAIYNE FL 33149		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Accepted) City FL Zip Code			
8. The filer hereby certifies that the person for the purpose of changing its registered office or registered agent, is both in the State of Florida, and has been duly and properly authorized by the registered agent.					
SIGNATURE By Agent (must be printed below signature) (Print Name) (Print Registered Agent Name) (Print Name)					
FEE SCHEDULE Filing Fee: \$100.00 Annual Report Fee: \$100.00 Make Check Payable to: Florida Department of State			9. Division Certificate Filing Fee ☐ \$5.00 May Be Added to Fees		
OFFICERS AND DIRECTORS			ADDITIONAL CHANGES TO DIRECTORS AND DIRECTORIAL OFFICERS		
10. OFFICERS AND DIRECTORS ☐ Delete NAME STREET ADDRESS CITY, ST, ZIP ☐ Delete NAME STREET ADDRESS CITY, ST, ZIP ☐ Delete NAME STREET ADDRESS CITY, ST, ZIP ☐ Delete NAME STREET ADDRESS CITY, ST, ZIP ☐ Delete NAME STREET ADDRESS CITY, ST, ZIP			11. ADDITIONAL CHANGES TO DIRECTORS AND DIRECTORIAL OFFICERS ☐ Change ☐ Add/Remove ☐ Change ☐ Add/Remove ☐ Change ☐ Add/Remove ☐ Change ☐ Add/Remove ☐ Change ☐ Add/Remove ☐ Change ☐ Add/Remove		
12. I hereby certify that the information supplied was true and correct and qualify for the exemption stated in Section 113.02(3)(b), Florida Statutes. I further certify that the information was filed on this report as required by law and that my signature shall have the same legal effect as if made under oath by me as an officer or director of the corporation or the person or persons employed by me on this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I am not a person authorized with an address, with all other filers employed.					
SIGNATURE: 			SIGNATURE: HECTOR DUMONTET		
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		