FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90235 049 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004814

1. Entity Name
COSIL, INC.

10011851

Principal Place of Business
2666 BRICKELL AVE
MIAMI FL 33129

Mailing Address
SUCRE 1351 COFICO
CORDOBA, ARGENTINA
OC

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

[ ] CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1046390 Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALAZAR, USETTE P ESQ.
240 CRANDON BLVD.
268
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DPS	[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME	DUMONTET, HECTOR		NAME		
STREET ADDRESS	SUCRE 1351 COFICO		STREET ADDRESS		
CITY-ST-ZIP	CORDOBA, ARGENTINA		CITY-ST-ZIP		
TITLE	DV	[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME	DUMONTET, REMONDA		NAME		
STREET ADDRESS	SUCRE 1351 COFICO		STREET ADDRESS		
CITY-ST-ZIP	CORDOBA, ARGENTINA		CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ HECTOR DUMONTET 1-21-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE