PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 299151

1. Corporation Name

COSMO TRADING, INC.

Principal Place of Business
7351 NW 7TH STREET

Mailing Address

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90101 008 ***150.00



NW 7TH STREET 7351 NW 7TH STREET II FL 33126 MIAMI FL 33126			DO NOT WRITE IN THIS SPACE						
		_	3. Date Incorporated or Qualifed 11/30/1965		_				
2a. Mailing Address			4. FEI Number		Applied For				
26			59-11175 <u>62</u>		Not Applicable				
Suite, Apt. #, etc.			5. Certificate of Status Desired	-	75 Additional e Required				
City & State			6. Election Campaign Financing Trust Fund Contribution	•	.00 May Be ded to Fees				
Zip Country			This corporation owes the current year I Personal Property Tax.	ntangible Yes	□No				
				10. Name and Address of New Registered Agent					
MARANTE, OCATVIO A JR—53. 3177 SW 109TH CT MIAMI FL 33165		me OC	CTAVIO A. MARANTE SR.						
		Street Address (P.O. Box Number is Not Acceptable) 3177 SW 109 CT							
	83	MIAMI, FLORIDA 33165							
		•			Zip Code				
	MAMI FL 33126 2a. Mailing Address 26 Suite, Apt, #, etc. 27 City & State 28 Zip Zip County Cou	2a. Mailing Address 26	2a. Mailing Address 26	MiAMI FL 33126 DO NOT WRITE IN THI 3. Date Incorporated or Qualifed 11/30/1965 4. FEI Number 59-1117562 Suite, Apt, #, etc. City & State City & State Zip Country Zip Country B. This corporation owes the current year in Personal Property Tax. Registered Agent 10. Name and Address of New Registered 81 Name OCTAVIO A. MARANTE SR. 82 Street Address (P.O. Box Number is Not Acceptable) 3177 SW 109 CT 83 MIAMI, FLORIDA 33165	MiAMI FL 33126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/30/1965 4. FEI Number 59-1117562 Suite, Apt. #, etc. City & State City & State Country 28 Country B. This corporation owes the current year Intangible Personal Property Tax. Registered Agent 10. Name and Address of New Registered Agent 81 Name OCTAVIO A. MARANTE SR. 82 Street Address (P.O. Box Number is Not Acceptable) 31.77 SW 10.9 CT 83 MIAMI, FLORIDA 33165				

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.

agent. Fai	in fairmar triain aire accept in a conference on a con-								
SIGNATURE	Signature, typed or printed name of registered agent and title if applicat	ole. (NOTE: Re	egistered Agent signature re	equired when reinstating) DA	TE				
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D	DELETE	1.1 TITLE		☐ Change	☐ Addition			
NAME	MARANTE, OCTAVIO A JR		1.2 NAME						
STREET ADDRESS	7351 NW 7TH ST		1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP			- <u>v</u>			
TITLE	PSD	DELETE	2.1 TITLE	PRESIDENT	Change	Addition			
NAME	MARANTE GLADYS	•	2.2 NAME	MARANTE OCTAVIO A. SR					
STREET ADDRESS	7351 NW 7TH ST		2.3 STREET ADDRESS	7351 N.W. 7th. St.					
CITY-ST-ZIP	MIAMI FL	ر بات د	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33126		. . .			
TITLE		☐ DELETE	3.1 TITLE		Change	Addition			
NAME			3.2 NAME						
STREET ADDRESS	·		3.3 STREET ADDRESS						
CITY-ST-ZIP	•		3.4, CITY-ST-ZIP	·					
TITLE		□ DELETE	4.1 TITLE		Change	☐ Addition			
NAME	•		4.2 NAME			;			
STREET ADDRESS			4,3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		DELETE	5.1 TITLE	,	Change	☐ Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
ΠILE		☐ DELETE	6.1 TITLE		Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS	, and the second		6.3 STREET ADDRESS						
CITY-ST-ZIP	<u> </u>		6.4 CITY ST-ZIP						
14. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information									

indicated on this annual report or supplies with all state 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, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR