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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	ANNUAL REPORT 1996 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						
DOCU 1. Corporation	MENT # 4656						
COSM	IO LIGHTING INC.				HARRIN BURK BIJA BURK BURK BURK BURK	R JUBA BUTU BUBUK BUBUK BUBUK BUBUK BUBUK BABUK BABUK	
Principal Place		Mailing Address					
16501 NW 16TH COURT MIAMI FL 33169		16501 NW 16TH COURT MIAMI FL 33169					
					3. Date Incorporated or Qualified 12/03/1974	3a. Date of Last Report 05/01/1995	
2. Principal Place of Business		2a. Mailing Address 26	26		4. FEI Number 59-1561214	Applier For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additio at Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζφ 24	Country Zip Country 25 29 30			У	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under s. 199.032,	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Ro	egistered Agent	
ALLAND	7 050101		81	Name			
ALVAREZ, CESAR L.				Street Address (P.O. Box Number is Not Acceptable)			
1221 BRICKELL AVE. 22ND FLOOR				83			
	EL 33131		84				
				1 ′	FI 00 12 0000		
SIGNATURE _	ed agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or printed name of registered age				oration submits this statement for the purp pard of directors. I hereby accept the appo		
12.		ND DIRECTORS	13.	ni signature reciti	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12	
FITLE			1. 1 TITLE			☐ Change ☐ Addition	
NAME	NECKOWITZ, ANDREW, I		1.2 NAME				
STREET ADDRESS	16501 N W 16TH CT			ADDRESS			
C(TY-S1-Z)P TITLE	MIAMI FL PD	☐ DELETE	14 CHY-1		CD	V	
NAME	OLIADEZ MOTOD		2 1 TITLE 2.2 NAME		AMANICIN V SUCCE? Change Addition		
STREET ADDRESS			2 3 STREET ADDRESS		AMANCIO V. SUQI 16501 NW 16 CO)ति -	
CITY - ST - ZIP	MIAMI FL		2.4 CITY-		MIAMI FL 37	51609	
1IFLE		☐ DELETE	3. 1 TITLE			Change Addition	
NAME CTOSEL ADDRESS			3.2 NAME	_			
STREET ADDRESS City-S1-Zip			•	1 ADDRESS			
THLE		DELETE	3.4 CITY-5	J1 - ZIP		Change Addition	
NAME		-	4 2 NAME			Classification Classification	
STREET ADDRESS			4.3 STREET	ADDRESS		•	
CITY - ST - ZIP			4.4 CITY - S	ST-ZIP			
TITLE		☐ OELĒTE	5 1 TITLE		- · · · · ·	☐ Change ☐ Addition	
NAME STREET ADDRESS			5.2 NAME				
City-ST-7IP			5 3 STREET	i			
TITLE		, DELETE	5.4 CITY - 5 6. 1 TITLE	1-211		Change Addition	
NAME		,	6.2 NAME			CT 2-range CT requirem	
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S	iT - ZIP			
14. I do hereby	certify that the information supplied	with this filing is voluntarily furnish	ed and doe	s not qualify	for the exemption stated in Section 119.0	7(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 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 of the corporation of the corporatio

SIGNATURE: