FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 18 1997 8:00am

Secretary of State

Addition

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G49528

(4)

MYRKOS, INC.

TITLE

NAME

STREET ADDRESS

Principal Plans of Praisons								
Principal Place of Business Mailing Address								
% F. ALBERTO COSIO % F. ALBERTO COSIO 574 SOUTHWEST 18T ST. 574 SOUTHWEST 18T MIAMI FL 33130 MIAMI FL 33130-1317			HWEST 1ST ST.	r.				
						3. Date incorporated or Qualified		Report
	Place of Business	2a, Mailing	g Address			4. FEI Numbor		Applied For
21		26				65-0104852	1	lot Applicable
Sulte, Apt		Suite,	Apt. #, etc.			5. Certificate of Status Desired	1 1	Additional Required
City & Sta	te	City & 28	State			Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip	Country 25	Zip 29		Coun	try	8. This corporation has liability for in Florida Statutes	nt ingible tax under Yes No	s. 199.032,
	9. Name and Address of Curre	ent Registered A	gent			10. Name and Address of New Reg	Istered Agent	
CO	SIO, F. ALBERTO			1	Name		<u>.</u>	
574 SOUTHWEST 1ST ST.					32 Street Add	(DC) D. Al. de		
MIAMI FL 33130				1	alreet Add	dress (P.O. Box Number is Not Acceptable)		
				1	33			
					84 City 85 Zip Code			Code
agent 1 a SIGNATURE	am familiar with, and accept the oblig-	gations of, Section gent and trie if applicable and trie if applicab	in 607.0505, FR	rida Statu	les.	poration submits this statement for the pution's board of directors. Thereby accepted when renstating)	DATE	s registered
12.		ND DIRECTORS		13.	·	ADDITIONS/CHANGES TO OFFICE		
TITLE	PT COCIO E ALBERTO		L_ DELETE	1.1 3HL	E		Change	Addition
NAME	COSIO, F ALBERTO			1.2 NAM				
STREET ADDRESS	574 SW 1ST ST MIAMI, FL 00000				ET ADDRESS			
CITY-ST-ZIP	S S		DELETE		- ST- ZIP		[7] AL.	1100
TITLE	ALBERTO, COSIO		T DELLE	2.1 1/11			☐ Change	☐ Addition
NAME OTOGET HODDESS	574 SW 1STREET			2.2 NAM				
STREET ADDRESS	MIAMI FL				ET ADDRESS			
CITY-ST-ZIP TITLE	told fact P		DELETE	2. 4 CIT	(-\$1-ZIP		Change	Addition
NAME			LLJ Detect	3.2 NAM			L Onlingo	
STREET ADDRESS					EL ADDRESS			
CITY-ST-ZiP					(-SI-ZIP			
TITLE			DELETE	4.1 TITL			Change	Addition
NAME			-	4 2 NAM				
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP					- S1 - 71P			
TOTLE			DELFTE	5 1 TOL			Change	Addition
NAME				5.2 NAM	<u> </u>			
STREET ADDRESS					ET ADDRESS			
51714 67 315								

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

6.2 NAME

DELFTE