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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G73544

(0)

COSMOS DEVELOPERS, INC.

FILED May 06 1997 8:00am Secretary of State



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|---|--|--|------------------------|--|--|--|--------------------------------|---|
| Principal Place of Business Mailing Address | | | | | A secure date secon title mittli hibre and | a.fi. aigi, (| | |
| 1130 WASHING SUITE 700 | GTON AVE. | P.O. BOX 14551 CORAL GABLES FL 3311 | 4 | | | | | |
| MIAMI BEACH | FL 33139 | चित्र । २० जार्गक्रमणका रुग्ने ग्रिकेट | | | | - | | <u> </u> |
| US | | | | | The state of the s | | Date of Last Report 08/06/1996 | |
| 2 Principal F | Place of Business | 2a, Mailing Address | | ······································ | 12/09/1983 4. FEI Number | 00/00/ | | Applied For |
| 21 | INCO O' EXTORIOGO | 26 P.O. BOX 14 | 3551 | | 59-2372898 | | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | rn \$ | | Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired | | | Required |
| City & State City & State 28 | | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | |
| | | | | | | | | |
| Zip | Country | Zip | Count | У | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No | | | |
| 24 | 25 g. Name and Address of Curr | 29 Ant Registered Acent | 30 | | Florida Statutes 10. Name and Address of New Re | | | |
| 14/4 | YNE, DENNIS E | one regions region | 8 | Name | 10, 110,110 0110 400,000 01 110,11 | Account van | | *************************************** |
| | O WASHINGTON AVE. | | - | | | .1 | | |
| | TE 700 | | 8: | Street Add | dress (P.O. Box Number is Not Acceptal | ole) | | |
| | MI BEACH FL 33139 | | 8 | 3 | | | | |
| 11111 | | | 8 | 1 | | | e 75 | - Codo |
| | | | " | 1 "" | rporation submits this statement for the pation's board of directors. I hereby acce | | | o Code |
| 12. | | agent and title if applicable (NC AND DIRECTORS | TE: Registered A | gent signature requ | uired when reinstaling) ADDITIONS/CHANGES TO OFFIC | | RECTO |)RS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered | | | gent signature requ | uirad when reinstaling) | DATE | | |
| TOLE | PDV | DELETE | 1.1 TITLE | | ADDITIONS/CHANGES TO OFFIC | | Change | |
| NAME | DENNIS, WAYNE E | | 1.2 NAMI | • | | _ | | |
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| CITY-\$1-ZIP | MIAMI BEACH FL | | 1.4 CITY | ST-ZIP | | | | |
| TITLE | | DELETE | 2.1 TITLE | | | | Change | Addition |
| NAME | | | 2.2 NAMI | : | | | | |
| STREET ADDRESS | | | 2.3 STRE | ET ADDRESS | | | | |
| CITY - S1 - ZIP | | | 2. 4 CITY | | <u></u> | —————————————————————————————————————— | | |
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| NAME | | | 62 NAM | | | | | |
| STREET ADDRESS | 1 | | 6.3 STRE | ET ADDRESS | | | | |
| | 1 | | 6.4 CITY | 1 | | | | |

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 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.

SIGNATURE: