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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G7354

(0)

COSMOS DEVELOPERS, INC.

COSI	WOS DEVELOPERS, INC.			
Principal Plac	ce of Business	Mailing Address		
1130 WASH SUITE 700	HINGTON AVE.	PO BOX 143551 CORAL GABLES FL 3	33114	
	CH FL 33139	US		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 12/09/1983
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-2372898 Not Applicable
Suite, Apt.		Suite, Apt #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat	to	Cily & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curre	29	30	Personal Properly Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		on negistered Agent	81 Name	ID. Hanne silo Address of New Registered Agent
	VAYNE, DENNIS E			
1130 WASHINGTON AVE.		82 Street	Address (P.O. Box Number is Not Acceptable)	
_	SUITE 700		83	
N	AIAMI BEACH FL 33139			
			84 City	FL 85 Zip Code
44 Purpupit	to the provinces of Sections 607.05	.03 and CO7 15.08 Elorida State	utos, the about named	
office or I	regist sections to Sections to 7.00 regist	e of Florida, Such change was	authorized by the cor	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
age nt.la 	am Merciji, inji, and accept the initial	gation; and Section 607,0- 15, F	lorida Statutes.	
SIGNATURE	Signature types," point: a name of registered a	chart our Taurius bio /NC	Dit: Rogistered Agent signaturi	proquired when reinstating)
12.		ND DIRLCTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PDV	DELETE	1.1 TITLE	Change Addition
NAME	DENNIS, WAYNE E		1.2 NAME	
STREET ADDRESS 1130 WASHINGTON AVE., SUITE 700		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CHY-ST-ZIP	
TITLE		DELETE	2.1 THILE	Change Addition
NAME	į		2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	
TITLE		DEFELE	3.1 TITLE	☐ Change ☐ Addition
name			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		T Neve-	3.4 CITY-S1-ZIP	
TALE		DELETE	4.1 TITLE	Change Addition
NAME			: 4 2 NAME	
STREET ADDRESS	1			
CITY-ST-ZIP			4 3 STREET ADDRESS	
TITLE		T DELETE	4 4 CITY - ST - ZIP	Channa Addition
MARIE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
NAME OTOGET ADDRESS		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	

14. 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 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.

merce & Day of a

Hlzklav

305-661-0711

FILED

May 14 1998 8:00am

Secretary of State