FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN -5 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M11233** **(7)**

1. Corporation Name
COSMYL, INC.

Principal Place of Business	Mailing Address
4401 PONCE DE LEON BLVD. CORAL GABLES FL 33146 US	4401 PONCE DE LEON BLVD. CORAL GABLES FL 33146 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/11/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) (29) Country (25) (30)

4. FEI Number: 59-2522327 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~CRUANYAS, MARIA T~~
~~4401 PONCE DE LEON BLVD.~~
~~CORAL GABLES FL 33146~~

10. Name and Address of New Registered Agent

81 Name: ROBERT J TERPENING
82 Street Address (P.O. Box Number is Not Acceptable): 4401 PONCE DE LEON BLVD
83
84 City: CORAL GABLES FL 85 Zip Code: 33146

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.

SIGNATURE: ROBERT J TERPENING — 5/24/95
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D/C	☒ Change ☐ Addition
NAME	DALMAU, JORGE	12 NAME		
STREET ADDRESS	4401 PONCE DE LEON BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	V/D	☒ Change ☐ Addition
NAME	DALMAU, AURORA G.	22 NAME		
STREET ADDRESS	4401 PONCE DE LEON BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE	V/T	☒ Change ☐ Addition
NAME	DALMAU, JORGE ALBERTO	32 NAME		
STREET ADDRESS	4401 PONCE DE LEON BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL	34 CITY-ST-ZIP		
TITLE	VS	41 TITLE		☐ Change ☐ Addition
NAME	TERPENING, ROBERT J	42 NAME		
STREET ADDRESS	4401 PONCE DE LEON BLVD	43 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	V	☐ Change ☒ Addition
NAME		52 NAME	DALMAU, JAVIER	
STREET ADDRESS		53 STREET ADDRESS	4401 PONCE DE LEON BLVD	
CITY-ST-ZIP		54 CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		61 TITLE	DPTMS	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: ROBERT J TERPENING, V. P. 5/24/95 [305]-446-5666
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0189693 CP