


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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M11233 (7)			
1. Corporation Name COSMYL, INC.			
Principal Place of Business 4401 PONCE DE LEON BLVD. CORAL GABLES FL 33146 US		Mailing Address 4401 PONCE DE LEON BLVD. CORAL GABLES FL 33146-1630 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent TERPENING, ROBERT J 4401 PONCE DE LEON BLVD. CORAL GABLES FL 33146		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PDC	<input type="checkbox"/> DELETE	
NAME	DALMAU, JORGE		
STREET ADDRESS	4401 PONCE DE LEON BLVD.		
CITY-ST-ZIP	CORAL GABLES FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	DALMAU, AURORA G.		
STREET ADDRESS	4401 PONCE DE LEON BLVD.		
CITY-ST-ZIP	CORAL GABLES FL		
TITLE	VT	<input type="checkbox"/> DELETE	
NAME	DALMAU, JORGE ALBERTO		
STREET ADDRESS	4401 PONCE DE LEON BLVD.		
CITY-ST-ZIP	CORAL GABLES FL		
TITLE	VS	<input type="checkbox"/> DELETE	
NAME	TERPENING, ROBERT J		
STREET ADDRESS	4401 PONCE DE LEON BLVD		
CITY-ST-ZIP	CORAL GABLES FL		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	DALMAU, JAVIER		
STREET ADDRESS	4401 PONCE DE LEON BLVD		
CITY-ST-ZIP	CORAL GABLES FL 33146		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
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: <i>Robert J. Terpening</i> Robert J. Terpening <i>4/24/97</i> 4/24/97 <i>305-446-5066</i> 305-446-5066			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)