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**APPROVED
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CORPORATION ANNUAL REPORT 1995



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

95 JUN -5 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M32176** (3)

1. Corporation Name
STUDIO COSMYL, INC.

Principal Place of Business
**4401 PONCE DE LEON BLVD
CORAL GABLES FL 33146**

Mailing Address
**4401 PONCE DE LEON BLVD
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/12/1986** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2739801** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

~~ORJANYA MARA F~~
~~4401 PONCE DE LEON BLVD~~
~~CORAL GABLES FL 33146~~

10. Name and Address of New Registered Agent

B1 Name **ROBERT J TERPENING**

B2 Street Address (P.O. Box Number is Not Acceptable) **4401 PONCE DE LEON BLVD**

B3

B4 City **CORAL GABLES** FL B5 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	VD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALMAU, AURORA	2. NAME	
STREET ADDRESS	4401 PONCE DE LEON BLVD.	3. STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	4. CITY - ST - ZIP	
TITLE	T	2.1 TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALMAU, JORGE ALBERTO	2.2 NAME	
STREET ADDRESS	4401 PONCE DE LEON BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	P/D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALMAU, JORGE	3.2 NAME	
STREET ADDRESS	4401 PONCE DE LEON BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	3.4 CITY - ST - ZIP	
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERPENING, ROBERT J	4.2 NAME	
STREET ADDRESS	4401 PONCE DE LEON BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DALMAU, JAVIER
STREET ADDRESS		5.3 STREET ADDRESS	4401 PONCE DE LEON BLVD
CITY - ST - ZIP		5.4 CITY - ST - ZIP	CORAL GABLES, FL 33146
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(k), 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, VP** 5/24/95 [305] 446-5666
Signature, typed or printed name of signing officer or director Date Telephone