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 MAY -1 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000037424 (7)**

1. Corporation Name
COSMOS CARGO, INC.

Principal Place of Business	Mailing Address
1962 NW 82ND AVENUE MIAMI FL 33126	1962 NW 82ND AVENUE MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/21/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 **2315 N.W. 107th AVE.**	26 **SONIA.D.JHANGIMAL**
Suite, Apt. #, etc. 22 **B-35 (BOX 85)**	Suite, Apt. #, etc. 27 **9425 S.W. 91st ST.**
City & State 23 **MIAMI. FL,**	City & State 28 **MIAMI.FL,**
Zip / Country 24 **33172** / 25 **U.S.A**	Zip / Country 29 **33176** / 30 **U.S.A**

4. FEI Number: **65-0431149** ☐ 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	10. Name and Address of New Registered Agent
JHANGIMAL, SONIA 1962 NW 82ND AVE. MIAMI FL 33126	81 Name: **JHANGIMAL.SONIA** 82 Street Address (P.O. Box Number is Not Acceptable): **2315 N.W. 107th AVE** 83 **B-35 (BOX 85)** 84 City: **MIAMI. FL** **FL** 85 Zip Code: **33176**

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: Sonia.D.Jhangimal — SONIA.D.JHANGIMAL P/D — 04-25-95
(Signature, Typed or Printed Name of Registered Agent and Title, if applicable) (Note: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	11 TITLE	PD	☒ Change ☐ Addition
NAME	JHANGIMAL, SONIA	12 NAME	JHANGIMAL,SONIA	
STREET ADDRESS	1962 NW 82ND AVE.	13 STREET ADDRESS	2315 NW 107 AVE. B 35(BOX 85)	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI,FL 33172	
TITLE	VP	21 TITLE	VP	☒ Change ☐ Addition
NAME	JHANGIMAL, DIPU	22 NAME	JHANGIMAL,DIPU	
STREET ADDRESS	1962 NW 82ND AVE.	23 STREET ADDRESS	2315 NW 107 AVE. B 35(BOX 85)	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI ,FL 33172	
TITLE	T	31 TITLE	T	☒ Change ☐ Addition
NAME	JHANGIMAL, SURESH	32 NAME	JHANGIMAL,SURESH	
STREET ADDRESS	1962 NW 82ND AVE.	33 STREET ADDRESS	2315 NW 107 AVE. B 35(BOX 85)	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	MIAMI,FL 33172	
TITLE	S	41 TITLE	S	☒ Change ☐ Addition
NAME	RAHIM, NASEER	42 NAME	RAHIM,NASEER	
STREET ADDRESS	1962 NW 82ND AVE.	43 STREET ADDRESS	2315 NW 107 AVE B 35(BOX 85)	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	MIAMI,FL 33172	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ 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: Sonia.D.Jhangimal SONIA.D.JHANGIMAL P/D 04-25-95 305-593-0339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0123444 CP