

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000037424 (7)

1. Corporation Name

COSMOS CARGO, INC.



Principal Place of Business

Mailing Address

2315 NW 107TH AVENUE
B-35 (BOX 85)
MIAMI FL 33172
US

JHANGIMAL, SONIA. D.
9425 SW 91ST STREET
MIAMI FL 33176
US

3. Date Incorporated or Qualified

05/21/1993

3a. Date of Last Report

05/01/1995

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

2. Principal Place of Business

2a. Mailing Address

21 2315 NW 107th Ave
Suite, Apt. #, etc.

26 9425 SW 91st St
Suite, Apt. #, etc.

22 B-35 (BOX 85)
City & State

27
City & State

23 MIAMI, FL

28 MIAMI, FL

24 3372 Zip Country
25 US

29 33176 Zip Country
30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JHANGIMAL, SONIA
2315 NW 107TH AVENUE
BOX 85 B-35
MIAMI FL 33176

81 Name

JHANGIMAL, SONIA

82 Street Address (P.O. Box Number is Not Acceptable)

2315 NW 107th AVENUE

83 BOX 85 B-35

84 City

MIAMI

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JHANGIMAL, SONIA	
STREET ADDRESS	2315 NW 107 AVE. B 35 (BOX 85)	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JHANGIMAL, DIPU	
STREET ADDRESS	2315 NW 107 AVE B 35 (BOX 85)	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JHANGIMAL, SURESH	
STREET ADDRESS	2315 NW 107 AVENUE B35 (BOX 85)	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RAHIM, NASEER	
STREET ADDRESS	2315 NW 107 AVENUE B 35 (BOX 85)	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JHANGIMAL, SONIA	
1.3 STREET ADDRESS	2315 NW 107 AVE. B-35 (BOX 85)	
1.4 CITY - ST - ZIP	MIAMI, FL	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JHANGIMAL, DIPU	
2.3 STREET ADDRESS	2315 NW 107 AVE B 35 (BOX 85)	
2.4 CITY - ST - ZIP	MIAMI, FL	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JHANGIMAL, SURESH	
3.3 STREET ADDRESS	2315 NW 107 AVENUE B35 (BOX 85)	
3.4 CITY - ST - ZIP	MIAMI - FL	
4.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RAHIM, NASEER	
4.3 STREET ADDRESS	2315 NW 107 AVENUE B35 (BOX 85)	
4.4 CITY - ST - ZIP	MIAMI, FL	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SONIA. D. JHANGIMAL.

04-24-96

305-593-0339

Date

Daytime Phone #

CR2E034 (12/95)