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 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000058585 (8)

1. Corporation Name
KOSMOS II, INC.

Principal Place of Business	Mailing Address
1620 S. OCEAN BLVD., SUITE 6M POMPANO BEACH FL 33062	1620 S. OCEAN BLVD., SUITE 6M POMPANO BEACH FL 33062

3. Date Incorporated or Qualified: 08/09/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 429 Mayor St
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28 Montreal, P.Q
Zip 24 County 25	Zip 29 H3A 1N9 Country 30 Canada

4. FEI Number: 65-0528931 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☑ Change ☐ Addition
NAME	BOURKAS, ELEFTHERIOS	1.2 NAME	ATHINA BOURKAS
STREET ADDRESS	1620 S. OCEAN BLVD., SUITE 6M	1.3 STREET ADDRESS	1620 S. Ocean Blvd, suite 6M
CITY ST ZIP	POMPANO BEACH FL 33062	1.4 CITY ST ZIP	Pompano Beach FL 33062
TITLE	D	2.1 TITLE	D ☑ Change ☐ Addition
NAME	BOURKAS, PERICUS	2.2 NAME	HELPOHENI BOURKAS
STREET ADDRESS	1620 S. OCEAN BLVD., SUITE 6M	2.3 STREET ADDRESS	1620 S. Ocean Blvd, suite 6M
CITY ST ZIP	POMPANO BEACH FL 33062	2.4 CITY ST ZIP	Pompano Beach FL 33062
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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] Athina Bourkas January 25/95 (514)849-4294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0104933 CP