

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000058585 (8)

1. Corporation Name
KOSMOS II, INC.

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

08/09/1994 - 1 11:10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26 429 Mayor St		3. Date Incorporated or Qualified 08/09/1994		3a. Date of Last Report	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0528931		Applied For Not Applicable	
City & State 23		City & State 27 Montreal, P.Q.		5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
Zip 24		Country 25 H3A 1W9		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
		29 Canada		7. Has corporation had liability for additional tax under Ch. 199, 200, Florida Statutes ☐ Yes ☐ No			

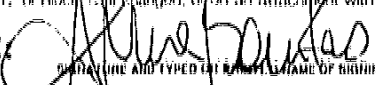
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
(Signature of Registered Agent or Registered Agent in Charge)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE D	1. NAME BOURKAS, ELEFTHERIOS	1. TITLE D	1. NAME ATHINA BOURKAS
2. STREET ADDRESS 1620 S. OCEAN BLVD., SUITE 6M	2. STREET ADDRESS POMPANO BEACH FL 33062	2. STREET ADDRESS 1620 S. OCEAN BLVD., SUITE 6M	2. STREET ADDRESS POMPANO BEACH FL 33062
3. CITY, ST, ZIP POMPANO BEACH FL 33062	3. CITY, ST, ZIP POMPANO BEACH FL 33062	3. CITY, ST, ZIP POMPANO BEACH FL 33062	3. CITY, ST, ZIP POMPANO BEACH FL 33062
4. TITLE D	4. NAME BOURKAS, PERICUS	4. TITLE D	4. NAME HELAKHENI BOURKAS
5. STREET ADDRESS 1620 S. OCEAN BLVD., SUITE 6M	5. STREET ADDRESS POMPANO BEACH FL 33062	5. STREET ADDRESS 1620 S. OCEAN BLVD., SUITE 6M	5. STREET ADDRESS POMPANO BEACH FL 33062
6. CITY, ST, ZIP POMPANO BEACH FL 33062	6. CITY, ST, ZIP POMPANO BEACH FL 33062	6. CITY, ST, ZIP POMPANO BEACH FL 33062	6. CITY, ST, ZIP POMPANO BEACH FL 33062
7. TITLE	7. NAME	7. TITLE	7. NAME
8. STREET ADDRESS	8. STREET ADDRESS	8. STREET ADDRESS	8. STREET ADDRESS
9. CITY, ST, ZIP	9. CITY, ST, ZIP	9. CITY, ST, ZIP	9. CITY, ST, ZIP
10. TITLE	10. NAME	10. TITLE	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS
12. CITY, ST, ZIP	12. CITY, ST, ZIP	12. CITY, ST, ZIP	12. CITY, ST, ZIP
13. TITLE	13. NAME	13. TITLE	13. NAME
14. STREET ADDRESS	14. STREET ADDRESS	14. STREET ADDRESS	14. STREET ADDRESS
15. CITY, ST, ZIP	15. CITY, ST, ZIP	15. CITY, ST, ZIP	15. CITY, ST, ZIP
16. TITLE	16. NAME	16. TITLE	16. NAME
17. STREET ADDRESS	17. STREET ADDRESS	17. STREET ADDRESS	17. STREET ADDRESS
18. CITY, ST, ZIP	18. CITY, ST, ZIP	18. CITY, ST, ZIP	18. CITY, ST, ZIP
19. TITLE	19. NAME	19. TITLE	19. NAME
20. STREET ADDRESS	20. STREET ADDRESS	20. STREET ADDRESS	20. STREET ADDRESS
21. CITY, ST, ZIP	21. CITY, ST, ZIP	21. CITY, ST, ZIP	21. 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 199.02(6)(b), Florida Statutes. I further certify that the information included 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 make this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, unless an attachment with an address.

SIGNATURE  **Athina Bourkas** **January 23/95 (514) 849-4294**