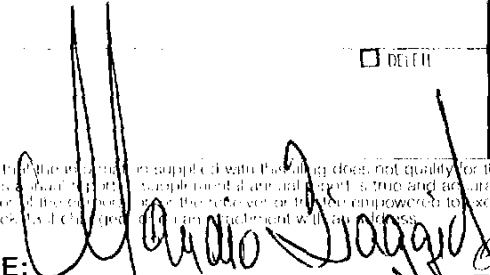


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																							
DOCUMENT # P95000024524 1. Corporation Name COSMOS TRADERS INC.																																																																									
Principal Place of Business 600 NE 36 STREET SUITE 1006 MIAMI, FL 33137		Mailing Address 600 NE 36 STREET SUITE 1006 MIAMI, FL 33137																																																																							
2. Principal Place of Business 21 100 N. BISCAYNE BLVD. Suite, Apt. #, etc. 1717 City & State MIAMI, FL Zip 33132 Country USA		2a. Mailing Address 26 100 N. BISCAYNE BLVD. Suite, Apt. #, etc. 1717 City & State MIAMI, FL Zip 33132 Country USA																																																																							
9. Name and Address of Current Registered Agent PERRELLA, CLAUDIO B. 975 41ST STREET, PH-1 MIAMI BEACH FL 33140		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 607.05(2) and 607.15(6), 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 607.05(5), Florida Statutes.																																																																									
SIGNATURE _____ (Signature of person authorized to execute this report) _____ (Name of person authorized to execute this report) _____ (Title)																																																																									
12. OFFICERS AND DIRECTORS <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY, ST, ZIP</th><th>DELETE</th></tr></thead><tbody><tr><td>P</td><td>PERRELLA CLAUDIO B.</td><td>975 41ST STREET, PH-1</td><td>MIAMI BEACH FL 33140</td><td>☐</td></tr><tr><td></td><td></td><td></td><td></td><td>☐</td></tr><tr><td></td><td></td><td></td><td></td><td>☐</td></tr><tr><td></td><td></td><td></td><td></td><td>☐</td></tr><tr><td></td><td></td><td></td><td></td><td>☐</td></tr><tr><td></td><td></td><td></td><td></td><td>☐</td></tr><tr><td></td><td></td><td></td><td></td><td>☐</td></tr><tr><td></td><td></td><td></td><td></td><td>☐</td></tr><tr><td></td><td></td><td></td><td></td><td>☐</td></tr></tbody></table>				TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	P	PERRELLA CLAUDIO B.	975 41ST STREET, PH-1	MIAMI BEACH FL 33140	☐					☐					☐					☐					☐					☐					☐					☐					☐																				
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this filing is true and correct, 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; and that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report.																																																																									
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CLAUDIO PERRELLA																																																																							

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04-01-98 (305) 3741877

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