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 # P95000024526

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03-28-1995

2. Principal Place of Business
21 100 N. BISCAYNE BLVD.
22 Suite, Apt. #, etc. 1717
23 City & State MIAMI, FL
24 Zip 33132 25 Country USA

2a. Mailing Address
26 100 N. BISCAYNE BLVD.
27 Suite, Apt. #, etc. 1717
28 City & State MIAMI, FL
29 Zip 33132 30 Country USA

4. FEI Number 59-3319231 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
PERRELLA, CLAUDIO B.
975 41 ST. 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 Section 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 _____ (If changing Registered Agent, Signature of new registered agent required) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	11 TITLE	P ☒ Change ☐ Addition
NAME	PERRELLA CLAUDIO B.	12 NAME	PERRELLA CLAUDIO B.
STREET ADDRESS	975 41ST. STREET, PH-1	13 STREET ADDRESS	100 N. BISCAYNE BLVD. 1717
CITY-ST-ZIP	MIAMI BEACH FL 33140	14 CITY-ST-ZIP	MIAMI, FL 33132
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

600002486586
-04/13/98--01074--009
***150.00

4.13

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 indicated on this report or supplemental 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: Claudio Perrella CLAUDIO PERRELLA 04-01-98 (305) 374 1877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (10/97)