

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000024526**

1. Corporation Name

**COSMOS TRADERS INC.**

Principal Place of Business

100 N. BISCAYNE BLVD.  
SUITE 1717  
MIAMI FL 33132  
US

Mailing Address

100 N. BISCAYNE BLVD.  
SUITE 1717  
MIAMI FL 33132  
US

2. Principal Place of Business

21 **1865 NW 97 ave.**

2a. Mailing Address

26 **1865 NW 97 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **MIAMI, FL**

City & State

28 **MIAMI, FL**

Zip

24 **33172**

Country

25 **USA**

Zip

29 **33172**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**PERRELLA, CLAUDIO B**  
**975 41ST STREET, PH-1**  
**MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified

**03/28/1995**

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **P**  
NAME **PERRELLA, CLAUDIO B**  
STREET ADDRESS **100 N. BISCAYNE BLVD., STE. 1717**  
CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PERRELLA, CLAUDIO B.**

1.3 STREET ADDRESS **1865 NW 97 AVE.**

1.4 CITY-ST-ZIP **MIAMI, FL 33172.**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not indicate on this annual report or supplemental annual report is the officer or director of the corporation or the receiver or trustee of the corporation. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with all other like empowered.

SIGNATURE: **x**

SIGNATURE AND TYPED NAME OF REGISTERED AGENT

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90012 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)