

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

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000025762 (2)

1. Corporation Name  
COSMO FOODS, INC.

Principal Place of Business  
422 LAKEVIEW DRIVE  
SUITE 202  
FORT LAUDERDALE FL 33326

Mailing Address  
422 LAKEVIEW DRIVE  
SUITE 202  
FORT LAUDERDALE FL 33326-2456



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/30/1995		3a. Date of Last Report 07/30/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0572685		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

LEVINE, LAWRENCE A.P.A.  
SUITE E-207  
4300 N. UNIVERSITY DRIVE  
FORT LAUDERDALE FL 33351

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 \_\_\_\_\_  
(NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERREIRA, EDWARD	1.2	
STREET ADDRESS	422 LAKEVIEW DR., #202	1.3	STREET ADDRESS
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4	ST-ZIP
TITLE		2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2	
STREET ADDRESS		2.3	STREET ADDRESS
CITY-ST-ZIP		2.4	CITY-ST-ZIP
TITLE		3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2	
STREET ADDRESS		3.3	STREET ADDRESS
CITY-ST-ZIP		3.4	CITY-ST-ZIP
TITLE		4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2	
STREET ADDRESS		4.3	STREET ADDRESS
CITY-ST-ZIP		4.4	CITY-ST-ZIP
TITLE		5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2	
STREET ADDRESS		5.3	STREET ADDRESS
CITY-ST-ZIP		5.4	CITY-ST-ZIP
TITLE		6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	
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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 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:

*Edward Ferreira*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-97 (954-720246)

CR2E034 (9/96)