

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 # P96000031538  
1. Corporation Name

Cosmo Services, Inc.

Principal Place of Business Mailing Address  
12345 SW 18 Street Unit #212  
Miami, Florida 33175

FILED  
99 AUG -4 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Same		26 Same		4/8/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0675632	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
25		30		[ ] \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
29		30		Trust Fund Contribution [ ] \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax.	
29		30		[ ] Yes [ ] No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Antonio Yanez  
12345 SW 18 Street #212  
Miami, FL 33175

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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.

July 29, 1999

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETED	1.1 TITLE	Change Addition
NAME P	Yanez, Antonio	1.2 NAME	
STREET ADDRESS	12345 SW 18th Street, 212	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33175	1.4 CITY-ST-ZIP	
TITLE VP	DELETED	2.1 TITLE	Change Addition
NAME	Saavedra, Elisa	2.2 NAME	
STREET ADDRESS	12345 SW 18th Street, 212	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33175	2.4 CITY-ST-ZIP	
TITLE	DELETED	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DELETED	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETED	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETED	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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\*\*\*\*193.75 \*\*\*\*150.00

MT 8-19-99

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/99

305-220-1774

Date

Daytime Phone #

CR2E034 (11/98)