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Jun 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000051918 (6)

1. Corporation Name

COSMO ENTERPRISES, INC.

Principal Place of Business

8312 FOXWORTH CIRCLE  
ORLANDO FL 32819

Mailing Address

8312 FOXWORTH CIRCLE  
ORLANDO FL 32819-5023



3. Date Incorporated or Qualified

06/18/1996

3a. Date of Last Report

2. Principal Place of Business

21 7061 GRAND NATIONAL DR

2a. Mailing Address

26 7061 GRAND NATIONAL DR

4. FEI Number

59-3379262

Applied For

Not Applicable

Suite, Apt. #, etc.

22 124

Suite, Apt. #, etc.

27 124

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 ORLANDO FL.

City & State

28 ORLANDO FL.

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

24 32819

Country

25

Zip

29 32819

Country

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMONE, SAVERIO  
8312 FOXWORTH CIRCLE  
ORLANDO FL 32819

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME  
HOFBAUER, FRANZ  
STREET ADDRESS  
8312 FOXWORTH CIRCLE  
CITY-ST-ZIP  
ORLANDO FL 32819

TITLE ☐ DELETE

D  
NAME  
SIMONE, SAVERIO  
STREET ADDRESS  
8312 FOXWORTH CIRCLE  
CITY-ST-ZIP  
ORLANDO FL 32819

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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

SIGNATURE

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