


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

FILED

May 13 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 # P96000061731					
1. Corporation Name Cosmo Telecom Services 4993 B S.W. 74th Ct. Miami, Fl. 33155					
Principal Place of Business Same as above			Mailing Address 7711 S.W. 16 St. Miami, Fl. 33155		
2. Principal Place of Business 21 Same as above		2a. Mailing Address 26 7711 SW 16 St		3. Date Incorporated or Qualified 7-96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report	
22. City & State 23 Zip Country		27. City & State 28 Miami FL 29 33155 30 U.S.A.		4. FEI Number 65-0697582	
25		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		Applied For Not Applicable	
9. Name and Address of Current Registered Agent Nora A. Herrera 7711 S.W. 16 St. Miami, Fl. 33155			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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 Nora Herrera		SIGNATURE Nora Herrera		DATE 4/28/97	
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE <input type="checkbox"/> DELETE NAME Nora Herrera STREET ADDRESS 7711 SW 16 St CITY-ST-ZIP Miami, FL. 33155			11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		
21 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		
31 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		
41 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		
51 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		
61 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		

CR2E034 (9/96)

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: Nora Herrera **SIGNATURE:** Nora A. Herrera **DATE:** 4/28/97 **DAYTIME PHONE:** (305) 261-9910

4/5/97
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