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

CORPORATION ANNUAL REPORT 1998 | 1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary & State

DIVISION OF CORPORATIONS

SECRETARY OF STATE

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P96000061731 DOCUMENT# Cosmo Telecom Service, Inc.

Presign Person Business Mailing Address 7711 5 W. 16 St. 7711 S.W. 16 Street Miam. Fl. 33155 Miami, Fl. 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 2 Prograf Place of Business 2a. Mailing Address 4. FEI Numbe Applied For : some 26 <u>65-069758</u> Not Applicable State Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Hiam Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes the current year Intangible 3755 25 USA 29 30 US A Personal Property Tax. □No ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Mours A. Herberga Marcial HERRERG Street Address (P.O. Box Number is Not Acceptable) 82 Morn 81. 33155 83 84 85 Zip Code 33 (SC) City Miami 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Vica President 101.4 Paradent 1.1 TITLE ☐ Change **▼** Addition Hours A. Herrera Marcial Herrera NAME 12 NAME 7711 Sus. 14 St. 1.3 STREET ADDRESS 4711 5.15, 16 5A 110mi Fl 33155 Minmi FT. 33155 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE ☐ Change Addition 2.2 NAME 2.3 STREET ADDRESS 2 4 CITY- ST-ZIP ☐ DELETE 11:.F ☐ Change Addition **500002996875**—--09/27/99--01005--003 1,419 3.2 NAME Step 11 Allowers 3.3 STREET ADDRESS ****300.00 ****300.00 City-S1-Zi 3.4. CITY-ST-ZIP [] DELETE 1000 4.1 TITLE ☐ Change NO. 4.2 NAME 4.3 STREET ADDRESS STREET ADJUGGESS (1031) 4.4 CITY-ST-ZIP [| DELETE TELLE 51 DUE [] Change ☐ Addition 5.2 NAME 5.3 STREET ADORESS 54 CITY-ST-ZIP CHY-ST Zir 711CF DELETE 6.1 TITLE Change ☐ Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREE ADDRESS 6.4 CITY-ST-ZIP Off 1-51-20-

14. Thereby 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:

CR2E034