

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 # **P97000037672**

1. Corporation Name
COSMOFRANCE, INC.

Principal Place of Business
**1602 ALTON ROAD, SUITE 18
MIAMI BEACH FL 33139**

Mailing Address
**1602 ALTON ROAD, SUITE 18
MIAMI BEACH FL 33139**

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90035 034 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **7781 NW 73rd Court**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State **Miami FL**

28 City & State

24 Zip **33166** 25 Country **USA**

29 Zip 30 Country

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

65-0748205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TORDION, DOMINIQUE
7781 N W 73RD CT
SUITE 400
MIAMI FL 33166**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PVST** ☒ DELETE
NAME **DEWANDRE LUC**
STREET ADDRESS **1602 ALTON ROAD, SUITE 18**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PRESIDENT - SECRETARY** ☐ DELETE
NAME **TORDION Dominique**
STREET ADDRESS **7781 NW 73rd Ct**
CITY-ST-ZIP **MIAMI FL 33166**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TRESORER** ☐ DELETE
NAME **PEREZ-CONDE ISIDRO**
STREET ADDRESS **7781 NW 73rd Ct**
CITY-ST-ZIP **MIAMI FL 33166**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DEWANDRE LUC, DIRECTOR** ☐ DELETE
NAME **7781 NW 73rd Ct**
STREET ADDRESS **MIAMI FL 33166**
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

Date

Daytime Phone #

TORDION - PT 2. 24-99 - 305 8920219