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

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite. Apt #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000061730

MUZO INTERNATIONAL, INC.

	· · · · · · · · · · · · · · · · · · ·
Principal Place of Business	Mailing Address
14 NE, 1ST AVE	1800W, 49m ST Summe 215
Suite 304-A	Sum 215
MIAMI, FL 33132	HILLENH, FL 33012

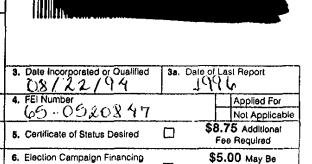
26

2a, Mailing Address

City & State

Suite, Apt. #, etc.

FILED Jun 20 1997 8:00am Secretary of State



Added to Fees

Trust Fund Contribution

4]	25 Country	29	30	, i	1	corporation has I la Statutes	liability for intangible t	ax ur] No	ider s. 199.032,
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	Jose RAMIN F	LONAIGUEZ	81	- E	LOB	Rios			
	275 TONIAMEDIE	~	82	Street Addres	ss (P.O. Bo しし	>X Number is Not	t Acceptable) らて、 らげ	<u>.</u>	215
:	Sur 135	•	63		·				
	MIAM, FL 3		84	. 17	ALET		FL	85	Zp Code 12
otti	suant to the provisions of Sections 607.0502 ce or registered agent, or both, in the State ant. I am familiar with, and accept the obliga	of Florida. Such change was	authorized by	the corporation	ration subm n's board c	nits this statement of directors. I her	nt for the purpose of or reby accept the appo	chang intme	jing its registered int as registered

SIGNATURE Signature: typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required w OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 GOLOY - D DELETE TITLE 1.1 TITLE Change Addition LU15 14 NE, 154 NE, # 304-A 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS HILLMI, FL 30132 C(1Y-\$1-2# 1.4 CITY-ST-ZIP GODOY - D DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME A-POET , JUL 7CL , 34 PL STREET ADDRESS 2.3 STRÉET ADDRESS CITY+S1-ZIF 2.4 CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP DELETE HILE 4.1 TITLE Change ■ Addition

4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CITY - ST - ZIP DELETE HILE S.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHTY-ST-ZIP DELETE 6.1 TITLE 800002219938 -06/23/97--01108--009 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***165.00 C(1Y+51-2) 6.4 CITY-ST-ZIP

14. Tdo hereby cortify that the information supplied with this filling 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 other or director of director of the Conformation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name