

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000103129 1. Corporation Name G.U.Z. Corp.		FILED 02 OCT 18 PM 2:26 SECRETARY OF STATE REINSTATEMENT <i>99-02</i>	
Principal Place of Business 2. Principal Place of Business 21 1428 Brickell Avenue Suite, Apt. #, etc. 22 Main Floor City & State 23 Miami FL Zip 24 33131		Mailing Address 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	
3. Date Incorporated or Qualified 12/23/1996		3a. Date of Last Report 12/23/1996	
4. FBI Number 65-0761555		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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	
7. This corporation has liability for intangible tax under 4. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation has liability for intangible tax under 4. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent Julio Manguart, Esq. 1428 Brickell Avenue Main Floor Miami, FL 33131		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 607.1608, 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 <i>Julio Manguart</i> Signature, typed or printed name of registered agent and title if applicable.		DATE 10-17-02 (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS 12.1 TITLE Director <input type="checkbox"/> DELETE 12.2 NAME Osido Zecchini 12.3 STREET ADDRESS 1428 Brickell Avenue 12.4 CITY-ST-ZIP Miami FL 33131		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	
12.1 TITLE <input type="checkbox"/> DELETE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP		13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	
12.1 TITLE <input type="checkbox"/> DELETE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP		13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	
12.1 TITLE <input type="checkbox"/> DELETE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP		13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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, or on attachment with an address.			
SIGNATURE <i>Osido Zecchini</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 10-17-02 305-392-8889 DATE DAYTIME PHONE #	