

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

FILED
Jun 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000052709 (7)

1. Corporation Name
MUZO GEMS, INC.



Principal Place of Business Mailing Address
9737 NORTHWEST 41ST STREET, STE. 398 9737 NORTHWEST 41ST STREET, STE. 398
MIAMI FL 33178 MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/13/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0778821	
24 Country		30 Country		Applied For	
				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	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PIEDRA, ESTEBAN
9737 NORTHWEST 41ST STREET, STE. 398
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name MARLUCCI, DAVID M
82 Street Address (P.O. Box Number is Not Acceptable) 9737 NW 41ST ST, SUITE 398
83
84 City MIAMI FL 85 Zip Code 33178

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 *David M. Marlucci* DATE 06/28/98
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, EDGARD	1.2 NAME	MARLUCCI, DAVID M
STREET ADDRESS	126 NE 1 ST., STE. 190	1.3 STREET ADDRESS	9737 NW 41ST ST, SUITE 398
CITY-ST-ZIP	MIAMI FL 33136	1.4 CITY-ST-ZIP	MIAMI FL 33178
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIEDRA, ESTEBAN	2.2 NAME	INGRAHAM, JAMES A
STREET ADDRESS	9737 NORTHWEST 41ST STREET, STE. 398	2.3 STREET ADDRESS	9737 NW 41ST ST, SUITE 398
CITY-ST-ZIP	MIAMI FL 33178	2.4 CITY-ST-ZIP	MIAMI FL 33178
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE

David M. Marlucci

092898

CR2E034 (10/97)