

DOCUMENT # P99000042060

1. Entity Name

MUZO INTERNATIONAL J.G. CORP.

A0055531

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
169 E. FLAGLER STREET SUITE 622 MIAMI FL 33131	169 E. FLAGLER STREET SUITE 622 MIAMI FL 33131-1201

2. Principal Place of Business 1402 NE 79 st Suite, Apt. #, etc. 177		3. Mailing Address 1402 NE 79 st Suite, Apt. #, etc. 177	
City & State Miami Beach FL		City & State Miami Beach, FL	
Zip 33141	Country USA	Zip 33141	Country USA

4. FEI Number 65-0917272	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, JOSE
920 STILLWATER DRIVE
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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[illegible][illegible]

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* _____ Date _____ Daytime Phone # _____

CR2E034 (9/99)