FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED
95 MAY -1 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V31476** (7)

1. Current Name
GIZ STUDIO, INC.

Principal Place of Business	Mailing Address
7175 S. W. 47TH STREET #207 MIAMI FL 33155 US	7175 S. W. 47TH STREET #207 MIAMI FL 33155 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/27/1992**
3a. Date of Last Report: **07/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # — 22 / 27
City & State — 23 / 28
ZIP — 24 / County — 25 / ZIP — 29 / Country — 30

4. FEI Number: **65-0331913** ☐ 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 has elected or intends to elect to be taxed as an "S" corporation under Subchapter S of the Internal Revenue Code and Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SOLIS, PEDRO M
7175 S. W. 47TH STREET
#207
MIAMI FL 33155

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 Section 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

12. OFFICERS AND DIRECTORS

Title	PD
Name	SOLIS, PEDRO M
Address	6325 S. W. 93RD PLACE
City-St-Zip	MIAMI FL 33173

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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 1, or Block 11 if changed, or is added in connection with my address.

SIGNATURE: Pedro M Solis — 4-27-95 — (305) 661-3003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0166062 CP