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2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # M07852** SWISS-AMERICAN ENTERPRISES, INC. 04-03-2001 90062 024 ***158.75 Principal Place of Business Mailing Address C/O CPG HOLDINGS. INC. C/O CPG HOLDINGS. INC. ONE BISCAYNE TOWER, SUITE 1470 ONE BISCAYNE TOWER. SUITE 1470 MIAMI FL 33131 MIAMI FL 33131 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2556520 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEE, RICHARD J P.A. 2655 LE JEUNE ROAD 5TH FLOOR **CORAL GABLES FL 33134** hanging its registered office or registered agent, or both, in the State of Florida. The above named entity s Signature, typed or printed name of regist (NOTE: negistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Decretary Alain de Grelle ☐ Delete TITLE TITLE CUSTER, FELIPE A NAME NAME ONE BISCAYNE TOWER, STE. 1470 STREET ADDRESS c/o cpg Holding mc STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP CITY-ST-ZIP One Discause Tower, STE 1470, MIDN ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition مين TITLE م ---- Delete ----TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 received 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. If the all other like empowered.

ACAN de GREUE

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: