## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P9500006933 (2)  1. Corporation Name					
SWISS WATCH INTERNATIONAL, INC.					
Principal Place o	of Business	Mailing Address			SSIAN OONK ANEID NING IRERO NIGS HAN KAN
152 N.E. 167TI SUITE 100 N. MIAMI BEAG		152 N.E. 167TH STREET SUITE 100 N. MIAMI BEACH FL 33162		Date Incorporated or Qualified	3a. Date of Last Report
				01/23/1995	NEW
2. Principal Plac	ce of Business	2a. Mailing Address		4 FEI Number	Applied For
21 152 N	E 167th Street		67th Street	t 65-0546001	Not Applicable
Suite, Apt. #, 22 2ND F		Suite, Apt. #, etc. 27 2ND F100	ar.	5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	1001	City & State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be
	a. Bch, FL	28 N. Mia.	Bch, FL	Trust Fund Contribution	Added to Fees
Zip ∉	Country	Zip	Country	B. This corporation has liability for Florida Statutes      X Yes	intangible tax under s 199.032, : 🔲 No
24 33162	9. Name and Address of Current	29 33162	30	10. Name and Address of New F	
	9. Name and Address of Current	neglatered rigent	81 Name		
	MUCEO		82 Street A	Lior Ben-Shmuel ddress (P.O. Box Number is Not Acceptate	ole)
EZEKIEL, MOSES 82 Street Ad			152 NE 167th Street		
SUTE 100			83	2ND Floor	
MAIM .Vr	BEACH FL 33162		84 City	-	85 Zip Code
	#	and 607 1509 Florida Statu	tes the above-named co	N. Mia. Bch, FL	rpose of changing its registered office
N. Mia. Bch, FI.   33162    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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
	5- 1/	and the second s		Drooddont	41896
SIGNATURE  Signature: typod or printed name of registered agent and title if applicable  NOTE Registered Agent signature required				President	DATE
12.	OFFICERS AND		13.		FICERS AND DIRECTORS IN 12  [X] Change [] Addition
TATLE	D	<b>™</b> DEFEJE	1 1 TITLE	President	A change j vooren
NAME	EZEKIEL, MOSES	F 400	1.2 NAME 1.3 STREET ADDRESS	Lior Ben-Shmuel 152 NE 167th Stre	ot 2ND Floor
STREET ADDRESS	152 N.E. 167TH STREET, SUIT	E 100	1.4 City-ST-ZiP	N. Miami Bch, FL	
CITY-ST-ZIP TIFLE	N. MIAMI BEACH FL 33162 D	DELETE	2.1 TITLE	Vice-President	Change Addition
NAME	BEN-SHMUEL, LIOR		. 22 NAME	Eliahu Ben-Shmuel	••
STREET ADDRESS	152 N.E. 167TH STREET, SUIT	TE 100	2.3 STREET ADDRESS	152 NE 167th Stre	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162		24 CITY-ST-ZIP	North Mla Bch, FL	33162
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME	Treasurer Isac Ben-Shmuel	
STREET ADDRESS			3 3. STREET ADDRESS 3 4 CITY - ST - ZIP	152 NE 167th Stre N. Mia. Bch, FL 3	et 2ND Floor 13162
CITY-ST-ZIP TITLE		☐ DELETE	4 1 TITLE		Change ݮ Addition
NAME			4.2 NAME	Secretary Shlomi Ben-Shmuel	•
STREET ADDRESS			4.3 STREET ADDRESS	152 NE 167th Stre	
C-TY-ST-ZIP			4.4 City - St - ZiP	North Mia Bch, FI	, 33162
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME	4000017	QQ414
STREET ADDRESS			53 STREET ADDRESS	-04/22/9601	089026
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP 6. 1 TITLE	***200.00	Change Cl Addition
TITLE		Dorre	6.2 NAME		St. 22
NAME execut approves			6.3 STREET ADDRESS		4.77
STREET ADDRESS			4.0.71.01.710		,

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 logal effect as if made under certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (12/95)