FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

May 03, 2001 8:00 am **DOCUMENT # J87789** Secretary of State SWISS PROPERTIES & DEVELOPMENT, INC. 05-03-2001 90084 040 ***150.00 Principal Place of Business Mailing Address 2990 S FISKE BLVD. 2990 S FISKE BLVD. ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0018623 Not Applicable Zip Country Country \$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 BARNAVON, BOAZ 1356 RICHWOOD CIRCLE ROCKLEDGE FL 32955_anging its registered office or registered agent, of both, in the State of Florida 8. The above named entity submits this statement for the purpose of c 04/20101 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) Delete Change ☐ Addition TITLE TITLE WALSER, PAUL E. NAME NAME STREET ADDRESS STREET ADDRESS 2990 S FISKE BLVD. CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME METTLER, MAX STREET ADDRESS STREET ADDRESS 2990 S FISKE BLVD. CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL TITLE Delete Change ☐ Addition HARZENMOSER, ARMIN NAME NAME STREET ADDRESS 2990 S FISKE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL TITLE ☐ Chănge Addition ☐ Delete TITLE WALSER, WILHELM A. NAME NAME STREET ADDRESS STREET ADDRESS 2990 S FISKE BLVD. CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fillin indicated on this report or supplemental report is true any of the corporation or the receiver or trustee/empowered changed, or on an attachment with an address, with all perfect the control of the corporation. does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if her like empowered.

Them Walses 04/20/01 32/6364430