2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2012
Secretary of State

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Entity Name: RICHEMONT LATIN AMERICAN & CARIBBEAN, LLC

Current Principal Place of Business:

550 BILTMORE WAY, PH1
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

550 BILTMORE WAY, PH1
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 13-2852910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MAWICKE, DANIEL
Address: 645 FIFTH AVE. 5TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: MGR
Name: BICHELMEIER, HANS-PETER
Address: 25 RUE DES CAROUBIERS
City-St-Zip: 1227 CAROUGE, SWITZERLAND, XX XXXX XX

Title: XXXX
Name: XXXXXXXXXXXXX, XXXXXXXXXX X XXXXXXX
Address: XXXXXXXXXXXXXXXXXXXX
City-St-Zip: XXXXXXXXXXXXXXXXXXX, XX XXXXX XX

Title: MGR
Name: BOSSERT, CEDRIC
Address: 8 BOULEVARD JAMES-FAZY
City-St-Zip: 1201 GENEVA, SWITZERLAND, XX XXXXX XX

Title: MGR
Name: SAAGE, GARY
Address: 50, CH. DE LA CHENAIE, BELLEVUE
City-St-Zip: 1293 GENEVA, SWITZERLAND, XX XXXXX XX

Title: MGR
Name: BERTHELEMOT, REMI
Address: 550 BILTMORE WAY - PH-1
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: REMI BERTHELEMOT MGR 04/18/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date