SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **M07852** **(0)**

1. Corporation Name
SWISS-AMERICAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2655 LEJEUNE RD STE 802 CORAL GABLES FL 33134 US	2655 LEJEUNE RD SUITE 802 CORAL GABLES FL 33134 US

3. Date Incorporated or Qualified: 11/16/1984
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business
21 c/o Haft & Associates, P.A.
Suite, Apt. #, etc.
22 1101 Brickell Ave, Suite 800 South
City & State
23 Miami, FL
24 Zip 33131
25 Country USA

2a. Mailing Address
26 c/o Haft & Associates, P.A.
Suite, Apt. #, etc.
27 1101 Brickell Ave, Suite 800 South
City & State
28 Miami, FL
29 Zip 33131
30 Country USA

4. FEI Number: 59-2556520 ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEE, RICHARD J., P.A.
2655 LEJEUNE RD. 5TH FLOOR
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: HAFT & ASSOCIATES, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): Suite 800 - South Tower
83: 1101 Brickell Avenue
84 City: Miami FL 85 Zip Code: 33131

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Barry Haft, Pres. Barry S. Haft 8-1-96
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	☐ DELETE
NAME	CUSTER, JACQUES R.	
STREET ADDRESS	2655 LEJEUNE RD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DVC	☐ DELETE
NAME	CUSTER, CAROLINE H.	
STREET ADDRESS	2655 LEJEUNE ROAD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DP	☐ DELETE
NAME	CUSTER, FELIPE ANTONIO	
STREET ADDRESS	2655 LEJEUNE RD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	☐ DELETE
NAME	CUSTER, RICHARD A.	
STREET ADDRESS	2655 LEJEUNE RD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	☐ DELETE
NAME	CUSTER, J. ANDRES	
STREET ADDRESS	2655 LEJEUNE RD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VT	☐ DELETE
NAME	ENGLE, C. MARTIN	
STREET ADDRESS	2655 LEJEUNE RD	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☑ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	1101 Brickell Ave, Suite 800 South	
14 CITY-ST-ZIP	Miami FL 33131	
21 TITLE		☑ Change ☐ Addition
22 NAME		
23 STREET ADDRESS	1101 Brickell Ave, Suite 800 South	
24 CITY-ST-ZIP	Miami FL 33131	
31 TITLE		☑ Change ☐ Addition
32 NAME		
33 STREET ADDRESS	1101 Brickell Ave, Suite 800 South	
34 CITY-ST-ZIP	Miami, FL 33131	
41 TITLE		☑ Change ☐ Addition
42 NAME		
43 STREET ADDRESS	1101 Brickell Ave, Suite 800 South	
44 CITY-ST-ZIP	Miami FL 33131	
51 TITLE		☑ Change ☐ Addition
52 NAME		
53 STREET ADDRESS	1101 Brickell Ave, Suite 800 South	
54 CITY-ST-ZIP	Miami, FL 33131	
61 TITLE		☑ Change ☐ Addition
62 NAME		
63 STREET ADDRESS	1101 Brickell Ave, Suite 800 South	
64 CITY-ST-ZIP	Miami, FL 33131	

CR2E034 (3/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Felipe A. Custer 8-1-96 305-381-9303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #