

# AMENDED

## 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P00000090175  
**1. Entity Name** GENERAL WATCH CO., INC.

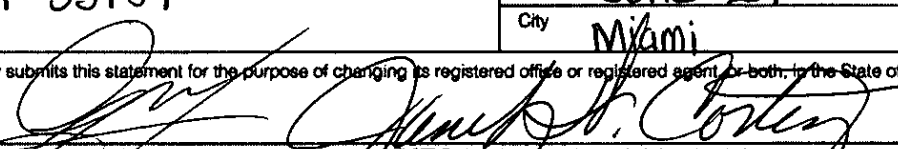
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 AUG 10 PM 12:01

**Principal Place of Business** 14821 SW 178 Terr  
Miami, FL 33187  
**Mailing Address** 14821 SW 178 Terr  
Miami, FL 33187

|                                                                                                                                                            |                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Principal Place of Business</b><br>8181 NW 36 ST.<br>Suite, Apt. #, etc.<br>Suite 20-F<br>City & State<br>Miami FL<br>Zip<br>33166<br>Country<br>USA | <b>3. Mailing Address</b><br>8181 NW 36 ST.<br>Suite, Apt. #, etc.<br>Suite 20-F<br>City & State<br>Miami FL<br>Zip<br>33166<br>Country<br>USA |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                                                   |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>4. FEI Number</b><br>65-1042315                                                                                                                                                                | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                  | <b>\$8.75 Additional Fee Required</b>                         |
| <b>6. Name and Address of Current Registered Agent</b><br>Oscar C. Valdes<br>14821 S.W. 178 Terr<br>Miami, FL 33187                                                                               |                                                               |
| <b>7. Name and Address of New Registered Agent</b><br>Name Janet W. Cortez<br>Street Address (P.O. Box Number is Not Acceptable)<br>8181 N.W. 36 St.<br>Suite 20F<br>City Miami FL Zip Code 33166 |                                                               |

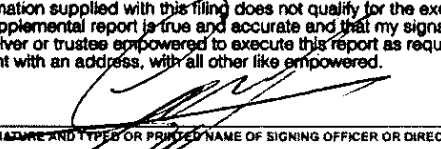
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, to the State of Florida.**  
SIGNATURE  8-8-01  
(NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS                         |                                                                                                                                    | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                                                                 |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P/T/D<br>Montres, Grenacher, s.a.<br>1, Chemin Des Lecheres<br>1217 Meyrin, Switzerland <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | P/S/D<br>Ivo Claude Grenacher<br>c/o Montres, Grenacher, s.a.<br>14 Rue de la Terrasse<br>1207 Geneva, Switzerland <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V/S/D<br>Oscar C. Valdes<br>14821 S.W. 178 Terr<br>Miami, FL 33187 <input checked="" type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | 70000454 P/T/D <input checked="" type="checkbox"/> Addition<br>-08/21/01--01080--030<br>*****61.25 *****61.25                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                               |

**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 receiver 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, with all other like empowered.**

**SIGNATURE:**  8/06/2001 305-377-3352  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)