FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 20 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05704 (2)

1. Corporation Name
BANQUE AUDI (SUISSE)~~AG INCORPORATED~~ S.A.

Principal Place of Business	Mailing Address
2 RUE MASSOT GENEVA 12 SW 1211 SWITZERLAND	PO BOX 384 GENEVA 12 SW 1211 SWITZERLAND

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/17/1985
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business	2a. Mailing Address
21 2. Rue Massot	26 P.O. Box 384
Suite, Apt. #, etc. 22 1211 Geneva 12	Suite, Apt. #, etc. 27 1211 Geneva 12
City & State 23	City & State 28
Zip 24	Country 25 SWITZERLAND
Zip 29	Country 30 SWITZERLAND

4. FEI Number: 59-2557897 — 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

ACHKAR, NABIL J.
SOUTHEAST FINANCIAL CENTER
200 S BISCAYNE BLVD STE 3240
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	GM	1.1 TITLE	☐ Change ☐ Addition
NAME	DEBBANE, JOE	1.2 NAME	
STREET ADDRESS	1, RUE ALBERT GOS	1.3 STREET ADDRESS	
CITY-ST-ZIP	1206 GENEVA, SWITZ	1.4 CITY-ST-ZIP	
TITLE	M	2.1 TITLE	
NAME	ACHKAR, NABIL J.	2.2 NAME	
STREET ADDRESS	6910 CAMARIN	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	☐ Change ☐ Addition
NAME	AUDI, RAYMOND	3.2 NAME	
STREET ADDRESS	P. O. BOX 11-2560	3.3 STREET ADDRESS	
CITY-ST-ZIP	BEIRUT, LEBANON	3.4 CITY-ST-ZIP	
TITLE	VCD	4.1 TITLE	☐ Change ☐ Addition
NAME	BURCKHARDT, PETER	4.2 NAME	
STREET ADDRESS	SCHANZLISTRASSE 47	4.3 STREET ADDRESS	
CITY-ST-ZIP	3013 BERN SWITZERLAN	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ROCHAT, DOMINIQUE	5.2 NAME	
STREET ADDRESS	6 CHEMIN DES BOUGERIES	5.3 STREET ADDRESS	
CITY-ST-ZIP	1231 CONCHES, SWITZERLAND	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HANNA, SAMIR	6.2 NAME	
STREET ADDRESS	PO BOX 11-2560	6.3 STREET ADDRESS	
CITY-ST-ZIP	BEIRUT LE	6.4 CITY-ST-ZIP	

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****200.00 ☒ Change 01 ☐ Addition

3-24-95 M.S.

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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Nabil J. Achkar 3/8/95 305 373.1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Manager