

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P05704 (2)

1. Corporation Name
BANQUE AUDI (SUISSE)AG INCORPORATED

Principal Place of Business
2 RUE MASSOT
GENEVA 12 SW 1211
US

Mailing Address
PO BOX 384
1211 GENEVA 12
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

04/17/1985

3a. Date of Last Report

07/15/1996

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

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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE GM
NAME DEBBANE, JOE
STREET ADDRESS 1, RUE ALBERT GOS
CITY-ST-ZIP 1206 GENEVA, SWITZ

TITLE M
NAME ACHKAR, NABIL J.
STREET ADDRESS 6910 CAMARIN
CITY-ST-ZIP CORAL GABLES FL

TITLE CD
NAME AUDI, RAYMOND
STREET ADDRESS P. O. BOX 11-2580 NA
CITY-ST-ZIP BEIRUT, LEBANON

TITLE VCD
NAME BURCKHARDT, PETER
STREET ADDRESS SCHANZLISTRASSE 47
CITY-ST-ZIP 3013 BERN SWITZERLAN

TITLE D
NAME ROCHAT, DOMINIQUE
STREET ADDRESS 6 CHEMIN DES BOUGERIES
CITY-ST-ZIP 1231 CONCHES, SWITZERLAND

TITLE D
NAME HANNA, SAMIR
STREET ADDRESS PO BOX 11-2580 N/A
CITY-ST-ZIP BEIRUT LE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: MICHEL AUDI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

97 MAY 13 PM 12:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA



CR2E034 (9/96)