

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 29 1998 8:00am
Secretary of State

0125789

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P05704** (2)
1. Corporation Name
BANQUE AUDI (SUISSE)AG INCORPORATED



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

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | 3. Date incorporated or Qualified 04/17/1985 | 4. FEI Number 59-2557897 Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 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 | |
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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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | GM | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AUDI, RAYMOND | 3.2 NAME | |
| STREET ADDRESS | P. O. BOX 11-2560, N/A | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BEIRUT, LEBANON | 3.4 CITY-ST-ZIP | |
| TITLE | VCD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROCHAT, DOMINIQUE | 5.2 NAME | |
| STREET ADDRESS | 8 CHEMIN DES BOUGERIES | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | 1231 CONCHES, SWITZERLAND | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HANNA, SAMIR | 6.2 NAME | |
| STREET ADDRESS | PO BOX 11-2560, N/A | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | BEIRUT LE | 6.4 CITY-ST-ZIP | |

14. 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 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.23.98

301.573/308

Date

Daytime Phone #

CR2E034 (5/98)