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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90063 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P05704

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1985

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/99

12. OFFICERS AND DIRECTORS

TITLE	GM	<input type="checkbox"/> DELETE
NAME	DEBBANE, JOE	
STREET ADDRESS	1, RUE ALBERT GOS	
CITY-ST-ZIP	1206 GENEVA, SWITZ.	
TITLE	M	<input type="checkbox"/> DELETE
NAME	ACHKAR, NABIL J.	
STREET ADDRESS	6910 CAMARIN	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	AUDI, RAYMOND	
STREET ADDRESS	P. O. BOX 11-2560, N/A	
CITY-ST-ZIP	BEIRUT, LEBANON	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	BURCKHARDT, PETER	
STREET ADDRESS	SCHANZLISTRASSE 47	
CITY-ST-ZIP	3013 BERN SWITZERLAN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROCHAT, DOMINIQUE	
STREET ADDRESS	6 CHEMIN DES BOUGERIES	
CITY-ST-ZIP	1231 CONCHES, SWITZERLAND	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANNA, SAMIR	
STREET ADDRESS	PO BOX 11-2560, N/A	
CITY-ST-ZIP	BEIRUT LE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	GM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEBBANE JOE	
1.3 STREET ADDRESS	6, CHEMIN DE NORMANDIE	
1.4 CITY-ST-ZIP	1206 GENEVA	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)