2000 UNIFORM BUSINESS REPORT (UBR) FILED 2947700041310 **DOCUMENT#** Jun 02, 2000 8:00 am **Secretary of State** INTERSWISS INDUSTRIES; INC: 06-02-2000 90017 027 \*\*\*158.75 Mailing Address Principal Place of Business 3011 N.E. 57th Court 3011 N.E. 57th Court FT Lauderdale F1 33308-2813 FT Lauderdale FL 33308. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANTZ JEFFREY W Street Address (P.O. Box Number is Not Acceptable) 11900 BISCAYNE BOULEVARD SUITE 408 NORTH MIAMI FL 33181 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PID Delete .. ☐ Change ☐ Addition GOULON, RENE NAME 3011 N.E.57TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Change Addition TITLE ☐ Delete TITLE SCHMIDT ELARD R NAME NAME STREET ADDRESS STREET ADDRESS 3011 N.E. 57TH COURT CITY-ST-7IP CITY-ST-7IP FORT LAUDERDALE FL 33308 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: february 28,2000

ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #