

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90007 034 \*\*\*150.00

DOCUMENT # P95000065214

1. Corporation Name  
WALZEN SWISS CORP.

Principal Place of Business

201 CRANDON BLVD  
429  
KEY BISCAVNE FL 33149  
US

Mailing Address

201 CRANDON BLVD  
429  
KEY BISCAVNE FL 33149  
US

2. Principal Place of Business

21 8445 SW 163rd Terrace

Suite, Apt. #, etc.

22 City & State  
23 Miami, Florida

24 Zip 33157 25 Country USA

2a. Mailing Address

26 8445 SW 163rd Terrace

Suite, Apt. #, etc.

27 City & State MIAMI  
28 FLORIDA

29 Zip 33157 30 Country USA

9. Name and Address of Current Registered Agent

MIZRAHI, ANNETTE  
201 CRANDON BLVD  
STE 429  
KEY BISCAVNE FL 33149

3. Date Incorporated or Qualified

08/23/1995

4. FEI Number

65-0623142

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ 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 D  
NAME MIZRAHI, ANNETTE  
STREET ADDRESS 201 CRANDON BLVD #429  
CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

D - VP  
MIZRAHI, ANNETTE  
8445 SW 163rd Terrace  
Miami - FL 33157

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

DR  
MIZRAHI, SALOMON  
Av. Alvear 828,  
Martinez - Prov. de BS. AS - Argentina

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

D Treasurer  
FREILE, JUAN MANUEL  
Av. Alvear 828  
Martinez, Prov. de BUENOS AIRES, ARGENTINA

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 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 (11/98)