

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  
Feb 20, 1999 8:00 am  
Secretary of State

02-20-1999 90142 036 \*\*\*150.00

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Corporation Name  
LITTLE SWITZERLAND, INC.

Principal Place of Business

N.E. 1ST STREET  
SUITE 119  
MIAMI FL 33132

Mailing Address

36 N.E. 1ST STREET  
SUITE 119  
MIAMI FL 33132  
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/05/1996

4. FEI Number

65-0664468

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

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

9. Name and Address of Current Registered Agent

FENTE, MANUEL F  
1110 BRICKELL AVE.  
SEVENTH FLOOR  
MIAMI FL 33131

I, the undersigned, being a resident qualified person, do hereby certify that the information furnished 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 Section 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

PD	RANCANO, LEONOR	<input type="checkbox"/> DELETE
ADDRESS	36 N.E. 1ST ST. SUITE 137	
ZIP	MIAMI FL 33132	
VTD	RANCANO, RAMON	<input type="checkbox"/> DELETE
ADDRESS	36 N.E. 1ST ST. SUITE 137	
ZIP	MIAMI FL 33132	
		<input type="checkbox"/> DELETE
DRESS		
IP		<input type="checkbox"/> DELETE
ADDRESS		
		<input type="checkbox"/> DELETE
RESS		
		<input type="checkbox"/> DELETE
RESS		

13.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 furnished 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 Section 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leon Rancano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-99 305-372-8870  
Date Daytime Phone #

CR2E034 (11/98)