2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000106521 Aug 17, 2000 8:00 am Secretary of State 1. Fritity Name SWISS JUST U.S.A., INC. 03-02-2000 90077 034 \*\*\*150.00 Mailing Address Principal Place of Business 8445 SW 163RD TERR 201 CRANDON BLVD #429 MIAMI FL 33157-3684 KEY BISCAYNE FL 33149 3. Mailing Address 2. Principal Place of Business 200 Alhambra Cirde 201 Cranan Bira Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Quite 300 EY BISCAYN 4. FEI Number Applied For APPLIED FOR City & State City & State 65-0983355 Gradio BABLES Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 33134 US.A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent UERDETH IR OCTAVIO Street Address (P.O. Box Number is Not Acceptable) MIZRAHI, ANNETTE 8445 SW 163 TERRACE MIAMI FL 33157 Zip Code 33/34 Co:ral Gable 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, typed or printed na (NOTE Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State , 4 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PUZKAHI SALONDA AU AB AWEAR 828 Change ☐ Delete TITLE TITI F MIZRAHI, SALOMON NAME CR2E034 | MARTINEZ - 1640 - Provide BS.AS. STREET ADDRESS AV AEREOR 828 MARTINEZ, PROV DE BS AS STREET ADDRESS City-St-7IP Argentina CITY-ST-ZIP **ARGENTINA** Addition ☐ Delete TITLE TITLE MizRAH Annella 201 crouden Blird # 509 MIZRAHI, ANNETTE NAME NAME STREET ADDRESS 3445 SW 163RD TERR STREET ADDRESS KEY BISCHINE -FC 33149 CITY-ST-ZIP **MIAMI FL 33157** CITY-ST-ZIP Change Addition TITLE Dainte FLEIRE JUAN MANUEL TITLE FREIRE, JUAN MANUEL NAME AU. ALVERE 828 NAME MARKINEZ-1640, PROVICE BS. AS. AV AEREOR 828 MARTINEZ, PROV DE BS AS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ARGENTINA ALDENMUL T] Change Addition TITLE Detete TITLE NAME NAME\_ .. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delcte TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Dekde TITLE 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. Tes 25-00 305 361-5424 SIGNATURE: Daytime Phone # AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR