

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G22123** (5)

1. Corporation Name

EURO-SWISS TRAVEL INC.



Principal Place of Business

**1540 E. COMMERCIAL BLVD.
SUITE B
FT. LAUDERDALE FL 33334**

Mailing Address

**1540 E. COMMERCIAL BLVD.
SUITE B
FT. LAUDERDALE FL 33334**

2. Principal Place of Business

21 **12773 West Forest Hill**

Suite, Apt. #, etc.

22 **#1210**

City & State

23 **Wellington, Florida**

Zip

24 **33414**

Country

25 **USA**

2a. Mailing Address

26 **12773 West Forest Hill Blvd**

Suite, Apt. #, etc.

27 **#1210**

City & State

28 **Wellington, Florida**

Zip

29 **33414**

Country

30 **USA**

3. Date Incorporated or Qualified

01/10/1983

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0002228

Applied For

Not Applicable

5. Certificate of Status Desired

XX

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes **XXX** Yes ☐ No

9. Name and Address of Current Registered Agent

**RECABRO INTERNATIONAL, INC.
1540 E COMMERCIAL BLVD
FORT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name

Thomas von Stockar

82 Street Address (P.O. Box Number is Not Acceptable)

15206 Oak Chase Court

83

Wellington, Florida 33414

84 City

FL

85 Zip Code

33414

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

Thomas von Stockar

Thomas von Stockar, Pres.

February 13, 1996

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

(NOTE: Registered Agent Signature required when changing agent.)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **VON STOCKAR, THOMAS**
STREET ADDRESS **1885 PALM COVE BLVD #309**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **VP** ☐ DELETE

NAME **VON STOCKAR, MADLEN**
STREET ADDRESS **1885 PALM COVE BLVD #309**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **S** ☒ DELETE

NAME **RENZ, HEINZ**
STREET ADDRESS **280 SE 11TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33334**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **VON STOCKAR THOMAS**
1.3 STREET ADDRESS **15206 OAK CHASE COURT**
1.4 CITY-ST-ZIP **WELLINGTON, FLORIDA 33414**

2.1 TITLE **VP** ☒ Change ☐ Addition

2.2 NAME **VON STOCKAR, MADLEN**
2.3 STREET ADDRESS **15206 OAK CHASE COURT**
2.4 CITY-ST-ZIP **WELLINGTON, FLORIDA 33414**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

200001750412
-03/20/96--01014--002
*****208.75**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Thomas von Stockar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas von Stockar, President, 02-13-96 798-0544

Date

Daytime Phone #

CR2E034 (12/95)