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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G29826**

(6)

1. Corporation Name
SWISS-AM DRIVE, INC.



Principal Place of Business
**1230 NW 57TH AVENUE
MIAMI FL 33126**

Mailing Address
**1230 NW 57TH AVENUE
MIAMI FL 33126-2012**

3. Date Incorporated or Qualified 03/11/1983	3a. Date of Last Report 01/30/1996
4. FEI Number 59-2283500	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Country

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEIER, JUERG
1221 VENETIA TR.
CORAL GABLES FL 33134**

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 authorized with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME DP MEIER, JUERG	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS 1221 VENETIA TR.		13.2 NAME	
12.3 CITY-STATE-ZIP CORAL GABLES, FL 00000		13.3 STREET ADDRESS	
12.4 TITLE S	<input type="checkbox"/> DELETE	13.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME MEIER, LOTTE		13.5 TITLE	
12.6 STREET ADDRESS 1221 VENETIA TR.		13.6 NAME	
12.7 CITY-STATE-ZIP CORAL GABLES, FL 00000	<input type="checkbox"/> DELETE	13.7 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 NAME		13.8 CITY-STATE-ZIP	
12.9 STREET ADDRESS		13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 CITY-STATE-ZIP	<input type="checkbox"/> DELETE	13.10 NAME	
12.11 NAME		13.11 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.12 STREET ADDRESS		13.12 CITY-STATE-ZIP	
12.13 CITY-STATE-ZIP	<input type="checkbox"/> DELETE	13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.16 CITY-STATE-ZIP	<input type="checkbox"/> DELETE	13.16 CITY-STATE-ZIP	
12.17 NAME		13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS		13.18 NAME	
12.19 CITY-STATE-ZIP	<input type="checkbox"/> DELETE	13.19 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.20 NAME		13.20 CITY-STATE-ZIP	
12.21 STREET ADDRESS		13.21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 CITY-STATE-ZIP	<input type="checkbox"/> DELETE	13.22 NAME	
12.23 NAME		13.23 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.24 STREET ADDRESS		13.24 CITY-STATE-ZIP	
12.25 CITY-STATE-ZIP	<input type="checkbox"/> DELETE	13.25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.26 NAME		13.26 NAME	
12.27 STREET ADDRESS		13.27 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.28 CITY-STATE-ZIP	<input type="checkbox"/> DELETE	13.28 CITY-STATE-ZIP	
12.29 NAME		13.29 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.30 STREET ADDRESS		13.30 NAME	
12.31 CITY-STATE-ZIP	<input type="checkbox"/> DELETE	13.31 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.32 NAME		13.32 CITY-STATE-ZIP	
12.33 STREET ADDRESS		13.33 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.34 CITY-STATE-ZIP	<input type="checkbox"/> DELETE	13.34 NAME	
12.35 NAME		13.35 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.36 STREET ADDRESS		13.36 CITY-STATE-ZIP	
12.37 CITY-STATE-ZIP	<input type="checkbox"/> DELETE	13.37 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.38 NAME		13.38 NAME	
12.39 STREET ADDRESS		13.39 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.40 CITY-STATE-ZIP	<input type="checkbox"/> DELETE	13.40 CITY-STATE-ZIP	

14. I do 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 on Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MEIER JUERG 3-20-97

CR2E034 (9/96)