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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(6)

SWISS-AM DRIVE, INC.

FILED

May 20 1998 8:00am

Secretary of State

511155 7411 511125 11165						
Principal Place of Busin	088	Mailing Address	Mailing Address		{	AIRIN BIBIN BIBIN BIBIN BIBIN IBIR
·		9				
1230 NW 57TH AVENI MIAMI FL 33128	JE.	MIAMI FL 33126	1230 NW S7TH AVENUE MIAMI EL 33126			
MIDWITTE OUTE		W. W. L. B. 44124	William I L 90120		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 03/11/1983	
2. Principal Place of Bu	siness	2a. Mailing Address		·	4. FEI Number	Applied For
21		26		59-2283500	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Z ip			Country	/	8. This corporation owes or has paid the co	_ ` _ `
24	25	[29]	30		Personal Property Tax due June 30.	☐ Yes ☐ No
9, Name and Address of Current Registered Agent				Name	10. Name and Address of New Registered	J Agent
MEIER, JU			81	INdine		
1221 VEN			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
CORAL G	ABLES FL 33134		83	00		
			03			
			84	City	F	85 Zip Code
11 Pursuant to the pro-	isions of Sections 607 0503	Pand 607 1508 Floride Statu	itae tha atiow	e-named core		
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: types or production and an integration and make the displacable (INCLE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND	DELETE	13.	—- 	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
	MEICO ILICON		1.1 TITLE			L'I CHANGE L'I MOUNTON
400	I VENETIA TR.		1,2 NAME			
COL				ADDRESS		
CITY-ST-ZIP CUP	CORAL GABLES, FL 00000		1,4 CITY-5	51 - ZIP		Change Addition
"	MEIER LATTE		2.1 TITLE 2.2 NAME			Li change Li Addition
NAME MEIER, LOTTE STREET ADDRESS 1221 VENETIA TR.			2.3 STREET ADDRESS			
CODAL CADITO EL 00000			2. 4 C/IY-ST-ZIP			
CITY-ST-ZIP COF	ENE OF IDEED, TE OUDD	DELETE	3.1 TITLE	21-71		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. GHY -			
TITLE	☐ DELE1E		4.1 TITLE	J. 1.		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADORESS		
CITY-ST-ZIP			4.4 CITY - 5	ì		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	1		
TITLE			61 THLE			Change Addition
NAME			62 NAME			
STREET ADDRESS			63 STREET	ADDRESS		
CITY-ST-ZIP			6 4 CITY - S			
14. I hereby certify that	the information supplied wi	h this filing does not qualify	for the exemp	dion stated in	Section 119.07(3)(i), Florida Statutes. further of	certify that the information
indicated on this annual report of 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 deporation 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 designed, or on an attachment with an address.						

Heire PREL

5-1-92