

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J78890 (7)

1. Corporation Name

NEBROS INVESTMENT CORPORATION



Principal Place of Business

4431 NE 15TH TERR
FORT LAUDERDALE FL 33334

Mailing Address

4431 NE 15TH TERR
FORT LAUDERDALE FL 33334

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

NEUENSCHWANDER, RUDI
4431 NE 15TH TER
FORT LAUDERDALE FL 33334

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 607.1502, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Printed Name of Registered Agent (If Not Applicable, Leave Blank)

Printed Name of Agent (If Not Applicable, Leave Blank)

Date

12. OFFICERS AND DIRECTORS

1. TITLE

D
NEUENSCHWANDER, RUDI
LERCHENWEG 1
GUMLIGEN, SWITZERLAND

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

2. TITLE

D
NEUENSCHWANDER, PETER
ALT. OBERLANDERWEG 50
OBERHOFEN, SWZLD

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

3. TITLE

D
NEUENSCHWANDER, KURT
LERCHENWEG 1
GUMLIGEN SW

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

4. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

5. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

6. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

7. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption statute 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:

R. Neuenschwander Neuenschwander Rudi

4/16/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Page 1 of 1

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