

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 # K39051 (3)

1. Corporation Name

SWISS AMERICAN INVESTMENT CORPORATION



Principal Place of Business

1235 WINDING OAKS CIRCLE  
VERO BEACH FL 32963  
US

Mailing Address

WINDING OAKS CIRCLE  
1860 NORTH CONGRESS AVENUE  
VERO BEACH FL 32963  
US

3. Date Incorporated or Qualified  
10/17/1988

3a. Date of Last Report  
04/27/1995

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

25

29

30

4. FEI Number  
65-0076940

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRION, JACQUES  
1235 WINDING OAKS CIRCLE  
VERO BEACH FL 32963

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

SIGNATURE

Signature of person named as registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

2-14-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT  
NAME BAERLOCHER, ROLF  
STREET ADDRESS 1235 WINDING OAKS CIRCLE  
CITY-ST-ZIP VERO BEACH FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE DCOB  
NAME LOCATELLI, DINO  
STREET ADDRESS 1235 WINDING OAKS CIRCLE  
CITY-ST-ZIP VERO BEACH FL

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE EVPS  
NAME BRION, JACQUES  
STREET ADDRESS 1235 WINDING OAKS CIRCLE  
CITY-ST-ZIP VERO BEACH FL

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE AS  
NAME PAGE, THOMAS  
STREET ADDRESS 333 WEST WACKER DR. STE. 2700  
CITY-ST-ZIP CHICAGO IL

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96 407.842-96-00

Date Daytime Phone #

CR2E034 (12/95)