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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 27 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M07852** **(0)**

1. Corporation Name

SWISS-AMERICAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2655 LEJEUNE RD STE 902 CORAL GABLES FL 33134 US	2655 LEJEUNE RD SUITE 902 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/16/1984**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **59-2556520** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEE, RICHARD J., P.A. 2655 LEJEUNE RD. 5TH FLOOR 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☐ Change ☐ Addition
NAME	CUSTER, JACQUES R.	12 NAME	
STREET ADDRESS	2655 LEJEUNE RD.	13 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	14 CITY ST ZIP	
TITLE	DVC	21 TITLE	☐ Change ☐ Addition
NAME	CUSTER, CAROLINE H.	22 NAME	
STREET ADDRESS	2655 LEJEUNE ROAD	23 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	24 CITY ST ZIP	
TITLE	DP	31 TITLE	☐ Change ☐ Addition
NAME	CUSTER, FELIPE ANTONIO	32 NAME	
STREET ADDRESS	2655 LEJEUNE RD	33 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CUSTER, RICHARD A.	42 NAME	
STREET ADDRESS	2655 LEJEUNE RD	43 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CUSTER, J. ANDRES	52 NAME	
STREET ADDRESS	2655 LEJEUNE RD	53 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	54 CITY ST ZIP	
TITLE	VT	61 TITLE	☐ Change ☐ Addition
NAME	ENGLE, C. MARTIN	62 NAME	
STREET ADDRESS	2655 LEJEUNE RD	63 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	64 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pres. 4/21/95 444-4242
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0141471 CP