

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M13582** (5)

1. Corporation Name
AMERISWISS CORPORATION

Principal Place of Business
**4414 SW 74TH AVE
MIAMI FL 33155
US**

Mailing Address
**4414 SW 74TH AVE
MIAMI FL 33155-4408
US**



3. Date Incorporated or Qualified **04/04/1985** 3a. Date of Last Report **04/25/1996**

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	29
25	30

4. FEI Number 59-2530605	Applied For <input type="checkbox"/> Not Applicable
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEE, RICHARD, JR., P.A.
2855 LEJEUNE RD., 5TH FLOOR
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name DON GONZALEZ P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 9050 Pines Boulevard
83 Suite Suite 450
84 City Pembroke Pines
85 Zip Code FL 33024

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 *Don Gonzalez* DATE 4-18-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHUQUIMBALQUI, VICTOR		1.2 NAME Victor Chuquimbalqui	
STREET ADDRESS 4414 SW 74TH AVE		1.3 STREET ADDRESS 4414 S.W. 74th Ave.	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP Miami, FL 33155	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHUQUIMBALQUI, VICTOR		2.2 NAME Victor Chuquimbalqui	
STREET ADDRESS 4414 SW 74TH AVE		2.3 STREET ADDRESS 4414 S.W. 74th Ave.	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP Miami, FL 33155	
TITLE VTD	<input type="checkbox"/> DELETE	3.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENGEL, MARTIN C.		3.2 NAME Victor Chuquimbalqui	
STREET ADDRESS 2855 LEJEUNE RD		3.3 STREET ADDRESS 4414 S.W. 74th Ave.	
CITY-ST-ZIP CORAL GABLES FL		3.4 CITY-ST-ZIP Miami, FL 33155	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHUQUIMBALQUI, VICTOR		4.2 NAME	
STREET ADDRESS 4414 SW 74TH AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 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

04/17/97

(305)262-5060

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CR2E034 (9/96)