

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 2600 SW 3rd Ave. PH. 'B' Miami, FL. 33129	Mailing Address 4414 SW 74TH AVE MIAMI FL 33155 US 2600 SW 3rd Ave PH. 'B' Miami, FL. 33129
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2600 SW 3rd Ave Suite, Apt. #, etc. 22 PH 'B' City & State 23 Miami, Florida Zip 24 33129 Country 25 Dade	2a. Mailing Address 26 2600 SW 3rd Ave Suite, Apt. #, etc. 27 PH 'B' City & State 28 Miami, Florida Zip 29 33129 Country 30 Dade	3. Date Incorporated or Qualified 04/04/1985	4. FEI Number 59-2530605
		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GONZALEZ, DON P.A. 9050 PINES BLVD SUITE 450 PEMBROKE PINES FL 33024		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code FL

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, typed or printed name of registered agent and title if applicable

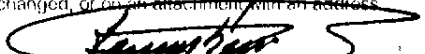
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIUQUIMBALQUI, VICTOR	1.2 NAME	
STREET ADDRESS	4414 SW 74TH AVE	1.3 STREET ADDRESS	2600 SW 3rd Ave PH. 'B'
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Florida 33129
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIUQUIMBALQUI, VICTOR	2.2 NAME	
STREET ADDRESS	4414 SW 74TH AVE	2.3 STREET ADDRESS	2600 SW 3rd Ave. PH. 'B'
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Florida 33129
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUQUIMBALQUI, VICTOR	3.2 NAME	
STREET ADDRESS	4414 S.W. 74TH AVE.	3.3 STREET ADDRESS	2600 SW. 3rd Ave PH. 'B'
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Florida 33129
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUQUIMBALQUI, VICTOR	4.2 NAME	
STREET ADDRESS	4414 SW 74TH AVE	4.3 STREET ADDRESS	2600 SW. 3rd Ave. PH. 'B'
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, Florida 33129
TITLE		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		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 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:



April 22-1998 305-860-4020

CR2E034 (10/97)