

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

FILED  
Apr 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P17070 (4)  
1. Corporation Name  
SWISS BANK CORPORATION

Principal Place of Business % P. LESLIE 701 BRICKELL AVE., SUITE 3250 MIAMI FL 33131	Mailing Address % P. LESLIE 701 BRICKELL AVE., SUITE 3250 MIAMI FL 33131
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/23/1987	
4. FEI Number 13-5424347		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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent STIRNIMANN, DANIEL BARNETT TOWER 701 BRICKELL AVE MIAMI FL 33131		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	
--	--	--	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M STIRNIMANN, DANIEL 701 BRICKELL AVE MIAMI FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LESLIE, PAMELA 701 BRICKELL AVE MIAMI FL	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D WERNLI, STEFAN 701 BRICKELL AVE MIAMI FL	13 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D PERRUCHOU, PHILIPPE 701 BRICKELL AVE MIAMI FL	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D FEHR, HANS-PETER 701 BRICKELL AVE MIAMI FL	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		23 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		33 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		43 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		53 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		63 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for exemption under 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 its 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: \_\_\_\_\_  
Pamela J. Leslie  
Private Investors & Asset Management  
3/30/98 305/375-0110

CR2E034 (10/97)