FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:56

DOCUMENT # P20062 (6)

1. Corporation Name
CANTRADE PRIVATE BANK LTD. CORPORATION

Principal Place of Business	Mailing Address
1 S.E. 3RD AVENUE SUITE 1400 MIAMI FL 33131	1 S.E. 3RD AVENUE SUITE 1400 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/14/1988
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 65-0078284 ☐ 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

COPROLITE CORPORATION
~~# 1400-A AMERIFIRST BLDG~~
ONE SOUTHEAST THIRD AVENUE
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 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE		☐ Change ☐ Addition
NAME	VILLIGER, RUDOLF DR.	1.2 NAME		
STREET ADDRESS	HEUELSTRASSE 22	1.3 STREET ADDRESS		
CITY-ST-ZIP	8800 THALWIL	1.4 CITY-ST-ZIP		
TITLE	VC	2.1 TITLE		☐ Change ☐ Addition
NAME	HAERINGER, STEPHAN	2.2 NAME		
STREET ADDRESS	CHREIENWEG 3	2.3 STREET ADDRESS		
CITY-ST-ZIP	8126 ZUMIKON	2.4 CITY-ST-ZIP		
TITLE	CEO	3.1 TITLE		☐ Change ☐ Addition
NAME	FISCHER, HANS	3.2 NAME		
STREET ADDRESS	MICHELHOLZSTRASSE 17	3.3 STREET ADDRESS		
CITY-ST-ZIP	8967 WIDEN	3.4 CITY-ST-ZIP		
TITLE	M	4.1 TITLE		☐ Change ☐ Addition
NAME	PROBST, WALTER	4.2 NAME		
STREET ADDRESS	FROHALPSTRASSE 26	4.3 STREET ADDRESS		
CITY-ST-ZIP	CH-8038 ZURICH	4.4 CITY-ST-ZIP		
TITLE	CEO	5.1 TITLE		☐ Change ☐ Addition
NAME	LUTHI, WERNER P	5.2 NAME		
STREET ADDRESS	IM VELTLIN 62	5.3 STREET ADDRESS		
CITY-ST-ZIP	CH 8706 MEILEN	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHAEFER, HERRY	6.2 NAME		
STREET ADDRESS	RUTISTRASSE 46	6.3 STREET ADDRESS		
CITY-ST-ZIP	CH-8032 ZURICH	6.4 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 added to the report with an address.

SIGNATURE: W.P. LUTHI 2/2/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0131700 CP