

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

FILED  
Feb 04 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 # P32618 (1)  
1. Corporation Name  
BANK VON ERNST & CO. LTD.



Principal Place of Business  
STAUFFACHERPLATZ 6  
CH-8026  
ZURICH, SWITZERLAND

Mailing Address  
201 S BISCAYNE BLVD  
#1350  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/29/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0244299	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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		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	CD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIEDERER, HANS	12 NAME	
STREET ADDRESS	STAUFFACHERPLATZ 6 CH-8026	13 STREET ADDRESS	
CITY-ST-ZIP	ZURICH, SWITZERLAND	14 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINSTERWALDER, OTTO K	22 NAME	
STREET ADDRESS	STAUFFACHERPLATZ 6 CH-8026	23 STREET ADDRESS	
CITY-ST-ZIP	ZURICH, SWITZERLAND	24 CITY-ST-ZIP	
TITLE	EV <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAITHELHUBER, CHRISTOPH	32 NAME	
STREET ADDRESS	STAUFFACHERPLATZ 6 CH-8026	33 STREET ADDRESS	
CITY-ST-ZIP	ZURICH, SWITZERLAND	34 CITY-ST-ZIP	
TITLE	EV <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEICH, HEINRICH	42 NAME	
STREET ADDRESS	STAUFFACHERPLATZ 6 CH-8026	43 STREET ADDRESS	
CITY-ST-ZIP	ZURICH, SWITZERLAND	44 CITY-ST-ZIP	
TITLE	VDR <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHNER, HANS B	52 NAME	
STREET ADDRESS	201 S BISCAYNE BLVD STE 1350	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

Hans B Rohner 1/22/98 (305) 302-5253

CR2E034 (10/97)