

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

FILED  
Jan 23 1999 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32618

1. Corporation Name

BANK VON ERNST & CO. LTD.



01/23/99 90022 031150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
STAUFFACHERPLATZ 6 CH-8026 ZURICH, SWITZERLAND		201 S BISCAYNE BLVD #1350 MIAMI FL 33131	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	01/29/1991	65-0244299
Suite, Apt. #, etc.		Applied For	
27		Not Applicable	
City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
28		<input type="checkbox"/>	
Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
29		<input type="checkbox"/>	
Country		7. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
30			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name		81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)		82 Street Address (P.O. Box Number is Not Acceptable)	
83		83	
84 City		84 City	
FL		FL	
85 Zip Code		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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
NAME	NIEDERER, HANS	1.2 NAME	
STREET ADDRESS	STAUFFACHERPLATZ 6 CH-8026	1.3 STREET ADDRESS	
CITY-ST-ZIP	ZURICH, SWITZERLAND	1.4 CITY-ST-ZIP	
TITLE	VCD	2.1 TITLE	
NAME	FINSTERWALDER, OTTO K	2.2 NAME	
STREET ADDRESS	STAUFFACHERPLATZ 6 CH-8026	2.3 STREET ADDRESS	
CITY-ST-ZIP	ZURICH, SWITZERLAND	2.4 CITY-ST-ZIP	
TITLE	EV	3.1 TITLE	
NAME	RAITHELHUBER, CHRISTOPH	3.2 NAME	
STREET ADDRESS	STAUFFACHERPLATZ 6 CH-8026	3.3 STREET ADDRESS	
CITY-ST-ZIP	ZURICH, SWITZERLAND	3.4 CITY-ST-ZIP	
TITLE	EV	4.1 TITLE	
NAME	SPEICH, HEINRICH	4.2 NAME	
STREET ADDRESS	STAUFFACHERPLATZ 6 CH-8026	4.3 STREET ADDRESS	
CITY-ST-ZIP	ZURICH, SWITZERLAND	4.4 CITY-ST-ZIP	
TITLE	VDR	5.1 TITLE	
NAME	ROHNER, HANS B	5.2 NAME	
STREET ADDRESS	201 S BISCAYNE BLVD STE 1350	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE:  HANS B. ROHNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 (305) 372-5253

Date

Daytime Phone #

CR2E034 (11/98)

F 214