

PROFIT  
CORPORATION  
ANNUAL REPORT

1996 1997



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

APPROVED  
AND  
FILED

1997 MAY -1 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P35735 (0)

1. Corporation Name

BANK JULIUS BAER & CO. LTD.

Principal Place of Business

Mailing Address

BAHNHOFSTRASSE 36, CH-8010  
ZURICH, SWITZERLAND

BAHNHOFSTRASSE 36, CH-8010  
ZURICH, SWITZERLAND

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUR, THOMAS ESQ.  
BAUR, MILLER & WEBNER, P.A.  
100 N. BISCAYNE BOULEVARD, 21ST FLOOR  
MIAMI FL 33132

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 807.0502 and 807.1508, 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 807.0505, 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

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BAER, HANS J.	
STREET ADDRESS	PILGERWEG 7, CH-8044	
CITY-ST-ZIP	ZURICH SW	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	KARRER, ROBERT	
STREET ADDRESS	LOORENRANK 32, CH-8053	
CITY-ST-ZIP	ZURICH, SWITZERLAND	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LUTHI, JUERGEN	
STREET ADDRESS	SCHUTZENHAUSSTRASSE 8, CH-8707	
CITY-ST-ZIP	UETIKON AM SEE SW	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAAGER, DR. FRIEDRICH	
STREET ADDRESS	AM GUGGENBERG 16, CH-8053	
CITY-ST-ZIP	ZURICH SW	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOPP, HARRY H.	
STREET ADDRESS	IM HALDENACHER 7, CH-8907	
CITY-ST-ZIP	WETTSWIL, SWITZERLAND	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RUETSCH, FRANZ	
STREET ADDRESS	KAHLWIES/PF 16, CH-8414	
CITY-ST-ZIP	BUCH AM IRCHEL SW	

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BAER, DR. THOMAS	
1.3 STREET ADDRESS	FOHRENSTRASSE 17, CH-8703	
1.4 CITY-ST-ZIP	ERLENBACH, SWITZERLAND	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1 00002167221--6	
3.4 CITY-ST-ZIP	05/06/97--01055--005	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	****178.75 ****178.75	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cap

Day/Mo/Yr

G. HUG / FVP

April 29, 1997

0508590 IN

+41/1/228 5605