


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

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90068 045 \*\*\*150.00

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|---|-----------------------------------|---|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999   |                                   |  |   | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS                                       |  |
| DOCUMENT # P35735<br>1. Corporation Name<br>BANK JULIUS BAER & CO. LTD.   |                                   |   |   |   |  |
| Principal Place of Business<br>BAHNHOFSSTRASSE 36, CH-8010<br>ZURICH, SWITZERLAND   |                                   |   | Mailing Address<br>BAHNHOFSSTRASSE 36, CH-8010<br>ZURICH, SWITZERLAND   |   |  |
| DO NOT WRITE IN THIS SPACE  |                                   |   |   |   |  |
| 2. Principal Place of Business<br>21  |                                   | 2a. Mailing Address<br>26   |   | 3. Date Incorporated or Qualified<br>10/01/1991   |  |
| Suite, Apt. #, etc.<br>22   |                                   | Suite, Apt. #, etc.<br>27   |   | 4. FEI Number<br>NOT APPLICABLE<br>Applied For<br>No Applicable   |  |
| City & State<br>23  |                                   | City & State<br>28  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| Zip<br>24   |                                   | Country<br>25   |   | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                          |  |
| Country<br>25   |                                   | Zip<br>29   |   | 7. This corporation owes the current year Intangible<br>Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br>BAUR, THOMAS ESQ.<br>BAUR, MILLER & WEBNER, P.A.<br>100 N. BISCAYNE BOULEVARD, 21ST FLOOR<br>MIAMI FL 33132  |                                   |   | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>FL 85 Zip Code |   |  |
| 11. Pursuant to the provisions of Sections 607.0505 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<br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE   |                                   |   |   |   |  |
| 12. OFFICERS AND DIRECTORS  |                                   |   |   |   |  |
| TITLE   | CD                                | <input type="checkbox"/> DELETE   |   |   |  |
| NAME  | BAER, RUDOLF E                    |   |   |   |  |
| STREET ADDRESS  | FELDSTRASSE 56 C-8704             |   |   |   |  |
| CITY-ST-ZIP   | HERRLIBERG SW                     |   |   |   |  |
| TITLE   | VCD                               | <input type="checkbox"/> DELETE   |   |   |  |
| NAME  | KARRER, ROBERT                    |   |   |   |  |
| STREET ADDRESS  | LOORENRANK 32, CH-8053            |   |   |   |  |
| CITY-ST-ZIP   | ZURICH, SWITZERLAND               |   |   |   |  |
| TITLE   | P. RUTSCH                         | <input type="checkbox"/> DELETE   |   |   |  |
| NAME  | REUTSCH, FRANZ                    |   |   |   |  |
| STREET ADDRESS  | KAHLWIES AA CH 8414               |   |   |   |  |
| CITY-ST-ZIP   | BUCH AM IRCHEL SW                 |   |   |   |  |
| TITLE   | <del>LOOSER, HEINRICH</del>       | <input checked="" type="checkbox"/> DELETE  |   |   |  |
| NAME  | <del>RUTSTRASSE A., CH 8105</del> |   |   |   |  |
| STREET ADDRESS  | <del>SCHOFFLISDORF SW</del>       |   |   |   |  |
| CITY-ST-ZIP   | <del></del>                       |   |   |   |  |
| 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  | BAER, MICHAEL                     |   |   |   |  |
| STREET ADDRESS  | SCHLOSSBERGSTRASSE 21, CH 8702    |   |   |   |  |
| CITY-ST-ZIP   | ZOLLIKON SW                       |   |   |   |  |

14. I hereby certify that the information supplied in 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 file 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.

unintended:  
SIGNATURE:

SIGNATURE BENNO A. DEGRANDI

04/16/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENERAL COUNSEL

Date

Daytime Phone #

CR2E034 (11/98)