FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400065205 (4)

SUNCOAST REALTY SA OF SWITZERLAND, INC.

| Principal Place of Business | Mailing Address |
|--|---|
| 15975 BRIARCLIFF LANE FORT MYERS FL 33912 | 15975 BRIARCLIFF LANE FORT MYERS FL 33912-4229 |
| | |

FILED Apr 30 1997 8:00am Secretary of State



| | | | | | I | | |
|--|--|--|----------------------------|--|---|---|--|
| | | | | 3. Date Incorporated or Qualified 09/06/1994 | | | |
| ' | | 2a. Mailing Address | , Mailing Address | | 4. FEI Number | Applied For | |
| 21 | | 26 | | | 59-3317516 | Not Applicable | |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 27 | | _ | | | 5. Certificate of Status Desired | Fee Required | |
| City & State | e | City & State | | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip | Coun | itry | 8. This corporation has liability for | intangible tax under s. 199.032, | |
| 24 25 29 | | | 30 | | | | |
| | 9. Name and Address of Current | l Registered Agent | | 1 | 10. Name and Address of New R | egistered Agent | |
| | EIRA, JOSEPH JR. | | 1 | B1 Nar | me | | |
| 10300 SW 72ND STREET STE. 470C MIAMI FL 33173 | | | | Stre | Address (P.O. Box Number is Not Acceptable) | | |
| | | | | | | Total Good (C. C. Don Monthson to Mot Modephapie) | |
| | | | Ţī. | 33 | | | |
| | | | ļ. | 74 00 | | | |
| | | | | B4 City | , | 85 Zip Code | |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Statu | ites, the abi | Love-nam | ned corporation submits this statement for the | nurnose of changing its registered | |
| office or r agent. I a | registered agent, or both, in the Stale in familiar with, and accept the obligation. | of Florida Such change was itions of, Section 607.0505, F | authorized lorida Statu | by the c | corporation's board of directors. I hereby acce | pt the appointment as registered | |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and little if applicable (NO | 11 Registered | Agent signa | alure required when reinstating) | DATE | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECTORS IN 12 | |
| TITLE | PTD | DELETE | 1.1 101 | E | | Change Addition | |
| NAME | ARMAND, PETER | | 1.2 NAN | ME | | | |
| STREET ADDRESS | 15975 BRIARCLIFF LANE | | 1.3 S1R | EET ADDRES | ss | | |
| CITY-ST-ZIP | FT. MYERS FL | | | (-S1-7IP | | | |
| TITLE | VO | ☐ DELETE | 2.1 TITL | | | Change Addition | |
| NAME | MARIE-LOUISE, PETER | | 2.2 NAN | AΕ | | | |
| STREET ADDRESS | 15975 BRIARCLIFF LANE | | 1 | EET ADDRES | ss | | |
| CITY-ST-ZIP | FT. MYERS FL | | | Y - ST - ZIP | | | |
| TITLE | TS | DELETE | 3.1 1111 | | | Change Additio | |
| NAME | BRITA, RUBIN | | 3.2 NAM | | | | |
| STREET ADDRESS | 15975 BRIARCLIFF LANE | | | EET ADDRES | 88 | | |
| CITY-ST-ZIP | FT. MYERS FL | | | Y-\$T-ZIP | | | |
| TITLE | | DELETE | 4,1 TITL | | | Change Addition | |
| NAME | | | 4. 2 NA | | | La suange La ruomo | |
| STREET ADDRESS | | | | eet addres | 22 | | |
| CITY-ST-ZIP | | | | | | | |
| TITLE | | DELETE | 5.1 TOL | r-ST-7IP | | Change Addition | |
| NAME | | L. Dette | 5.1 THE 5.2 NAM | | 1 | Change Abollion | |
| STREET ADDRESS | | | | | 00 | | |
| | | | | EFT ADDRES | >>> | | |
| CITY-ST-ZIP | | ☐ DELETE | | r-\$1-7IP | | Character III 44 Pin | |
| TITLE | | רין מנונונ | 6.1 TITE | | | Change Addition | |
| NAME | | | 6.2 NAM | | | | |
| STREET ADDRESS | | | 6.3 STR | EET ADDRES | SS | | |
| CITY-ST-ZIP | | | 6.4 CH Y | -S1-7IP | | | |

14. I do hereby certify that the information supplied with this filling 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 eath; 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.

MONATURE () SOURCE OF CO.

D1

DDMNUN PATER :

211212