

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

FILED

Jan 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000089466 (4)

1. Corporation Name  
SWISS FINANCIAL GROUP, INC.



Principal Place of Business  
340 MINORCA AVE.  
SUITE 7  
CORAL GABLES FL 33134

Mailing Address  
340 MINORCA AVE.  
SUITE 7  
CORAL GABLES FL 33134-4320

3. Date Incorporated or Qualified 12/09/1994  
3a. Date of Last Report 02/11/1996

2. Principal Place of Business  
21 1107 ADUANA AV.  
Suite, Apt. #, etc.  
22  
2a. Mailing Address  
26 P.O. Box 430391  
Suite, Apt. #, etc.  
27

4. FEI Number 65-0541318  
Applied For  
Not Applicable

23 City & State CORAL GABLES FL  
24 Zip 33146 25 Country USA  
29 City & State MIAMI FL  
30 Zip 33243-0391 31 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROBOREDO, GASTON  
340 MINORCA AVE.  
SUITE 7  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name GASTON REBOREDO  
82 Street Address (P.O. Box Number is Not Acceptable)  
1107 ADUANA AVE.  
83  
84 City CORAL GABLES FL 85 Zip Code 33146

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

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	GASTON, ROBOREDO	
STREET ADDRESS	340 MINORCA AVE. SUITE 7	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPDS	<input type="checkbox"/> DELETE
NAME	REBOREDO, REBECA	
STREET ADDRESS	340 MINORCA AVE., SUITE 7	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GASTON REBOREDO	
1.3 STREET ADDRESS	1107 ADUANA AVE.	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
2.1 TITLE	VPDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	REBECA REBOREDO	
2.3 STREET ADDRESS	1107 ADUANA AVE.	
2.4 CITY-ST-ZIP	CORAL GABLES FL 33146	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
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 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.

SIGNATURE: \_\_\_\_\_ DATE: 1/10/97 DAYTIME PHONE: (305) 662-1799

CR2E034 (9/96)