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

29

Suite, Apt. #, etc.

City & State

PROFIT CORPORATION ANNUAL REPORT

1998

Suite, Apt. #, etc.

SIGNATURE:



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000089466 (4)

SWISS FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address	_
1107 ADVANA AVE. SUITE 7 COPAL GABLES FL 33134 US	P.O. BOX 430391 SUITE 7 MIAMI FL 33243-0391 US	
2 Principal Place of Business 21 2566 JARDIN WAY	2a. Mailing Address 26	_

Country

FILED Jan 26 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 12/09/1994

65-0541318

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

4. FE! Number

Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent								
ROBOREDO, GASTON			81 Name REBOREDO, GASTON								
11	07 ADUANA AVE.		82 5	Street A				s Not Accep			
SU	JITE 7			Z	566		120		1A4		
CC	ORAL GABLES FL 33146		83						77		
			84: (City 1	(a.c.					las Zin	Codo
			64	" (1	Its.	70 M			F	L 85 30	327
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office or registered agent, or both, in the State of Florida Statutes, the above-hande 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.											
	The string with and added the configuration of cooling to strong the	4/	idiço,							12/98	*
SIGNATURE	Signature, typed or somed name of registered agent and title if applicable. [NO	TE. Registere	d Agent s	ignature	equired whe	n reinstating)			- GATE	-/	
12.	OFFICERS AND DIRECTORS	13.									
TITLE	PDT DELETE	1.1 TI	TLE		PDT					Change	Addition
NAME	GASTON, ROBEREDO	1.2 N	AME		REBU	RED	0, 4	SA 57.	01-1		
STREET ADDRESS	1107 ADANA AVE.	1.3 \$1	TREET ADI	ORESS	256	6 3/	4201	H W	49		
CITY-ST-ZIP	CORAL GABLES FL	1.4 0	ITY-ST-Z	IP	USE	8700	1, 1	FL 3	7332	7	
TITLE	VPD\$ DELETE	2.1 TI	TLE		VPD	<u>s</u>	-			A Change	☐ Addition
NAME	REBOREDO, REBECA	2.2 N	AME		Pop	n 0.60	<u>د مد</u>	PERR	e c.l		
STREET ADDRESS	1107 ADVANA AVE.	2.3 \$7	TREET ADO	DRESS	522	6 TA	ROIL	N III	27		
CITY-ST-ZIP	CORAL GABLES FL	2,40	ITY-ST-Z	ie i	2 Jul 1	C77	4	FY	7727		-
TITLE	DELETE	3.1 TI			***		- (-,	<i>p.p.</i>	Change	☐ Addition
NAME		3.2 N/	AME								
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TITLE	DELETE	4.1 11								Change	Addition
NAME		4. 2 N	IAME								
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CITY-ST-ZIP		4.4 CI	TY-ST-Z	P							
TITLE	DELETE	5.1 TI		$\neg \neg$					_	Change	Addition
NAME		5.2 N	AME								
STREET ADDRESS		5.3 \$7	TREET ADE	RESS							i
CITY-ST-ZIP		5.4 CI	TY-ST-Z	ĮP							- 1
TITLE	DELETE	6.1 11	TLE							Change	Addition
NAME		6.2 N/	AME								
STREET ADDRESS		6.3 ST	FREET ADD	RESS							ļ
CITY-ST-ZIP		6.4 CI	TY-\$T-Z	_P						2	
14. I hereby o	ertify that the information supplied with this filing does not qualify	for the exe	emption	state	in Section	n 119.07(3	3)(i), Flo	rida Statute	s. I further o	ertify 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.											

Country

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