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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000089466

1. Corporation Name

Principal Place of Business

SWISS FINANCIAL GROUP, INC.

SUITE 7 WESTON FL 33 US	ESTON FL 33327 MIAMI FL 33243-0391 S US			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed  12/09/1994				
2. Principal Pl	Box 266 333	2a. Mailing Address 26 P. O. BOX 26	133	3	4. FEI Number			olied For Applicable
21 7 . 0 .	BUX 200017		6 72		65-0541318		\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		· ·	5. Certificate of Statu	s Desired	Fee Re	
City & State	TON FL	City & State  28 WESTON	FL	•	Election Campaign     Trust Fund Contrib	- 11	\$5.00 Added to	- 1
Zip 3332	Country 25	<sup>Zip</sup> 33326 30	Country		Personal Property		Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Addre	ss of New Registered	Agent	
200	ODEDO CACTON		81	Name				ļ
ROBOREDO, GASTON 2566 JARDIN WAY				Street Add	tress (P.O. Box Number is	Not Acceptable)		
SUITE 7					<del></del> -		<del>-</del>	
WESTON FL 33327								
1120	1014 ( £ 3332)		84	City	.,	FL	85 Zip C	ode
agent. I a	to the provisions of sections 607-050.  gistered agent, or both, in the State or familiar with, and accept the obligation of the state of familiar with, and accept the obligations of the state of familiar with a state of the state of familiar with a state of familiar wit	tions of, Section 607.0505, Florida	Statutes.		red when reinstating)	DATE	-	
12.		D DIRECTORS	13.			GES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PDT	☐ DELETE	1.1 TITLE	- 1	POT		<b>∑</b> Change	Addition
NAME	GASTON, ROBEREDO		1.2 NAME	Ġ	SASTON REBU	PREDO		
STREET ADDRESS	1107 ADANA AVE.		1.3 STREET A	DDRESS 2	566 TARAL	NWAY		· [
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-	zip /	VESTON, FL 3.	3 32 7		
TITLE	VPDS	DELETE	2.1 TITLE	1.1	1005		Change	☐ Addition
NAME	REBOREDO, REBECA	1	2.2 NAME	1 2	EBECA REBO	REDO		ĺ
STREET ADDRESS	1107 ADVANA AVE.		2.3 STREET A	DDRESS 2	566 TARNI	1 WAY		
CiTY-ST-ZIP	CORAL GABLES FL		2. 4 CITY-ST-	ZIP d	566 JAROIN NESTON, FLES	3327		
TITLE		☐ DELETE	3.1 TITLE			•	☐ Change	Addition
NAME			3.2 NAME					]
STREET ADDRESS			3.3 STREET A	DDRESS				
CITY-ST-ZIP			3.4. CITY-ST-	ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET A	DDRESS		· · ·		
CITY-ST-ZIP			4.4 CITY-ST-	Z)P				

14. I 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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

☐ DELETE

**FILED** Feb 27, 1999 8:00 am

Secretary of State

02-27-1999 90004 049 \*\*\*150.00

Addition

☐ Addition

Change

☐ Change