## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

ST PETERSBURG FL 33707

1996

ST PETERSBURG FL 33707

P95000042762 (1)

**DOCUMENT #** 

SWISS TRADING AND CONSULTING INC.

Principal Place of Business	Mailing Address	
7914 9 AVE SOUTH	7914 9 AVE SOUTH	

						I .			
						3. Date Incorporated or Qualified 05/26/1995	3a. Date	of Last F	leport
2. Principal Pla	2. Principal Place of Business		2a. Mailing Address		4. FEI Number			Applied For	
21		26	26		59-3257762		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		I 5. Certificate of Status Desired I I '			5 Additional Required	
City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zip	30	intry		8. This corporation has liability for		x under s	199.032
24 25 29 29 9. Name and Address of Current Registered Agent				Т		Florida Statutes Yes No  10. Name and Address of New Registered Agent			
	g, Name and Address of C	ullelit negisteled Agent		81	Name	IV. Hame Bild Address of from t	iogistorou .		
LANGE	, WOLFGANG								
7914 9 AVE SOUTH				82 Street Address (P.O. Box Number is Not Acceptable)					
ST PE	TERSBURG FL 33707			83					
				84	City		FL	85 Z	ip Code
or register familiar wit	o the provisions of Sections 607 ed agent, or both, in the State of th, and accept the obligations of,	l Florida. Such change was au	ithorized by the (	ove-r	named corpora oration's board	ition submits this statement for the pu d of directors. I hereby accept the app	rpose of cha pointment as	anging its registered	registered office diagent, I am
SIGNATURE _	Signature, typed or printed name of registere	d agent and the 4 applicable	(NOTE: Registered	Agen	t signature required	when reinstatingi	DATE		
12.	OFFICER	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	D	☐ DELETI	1.11	TITLE				Change	Addition
NAME	LANGE, WOLFGANG		1.2 N	IAME	1				
STREET ADDRESS	7914 9 AVE SOUTH		135	TREET	ADDRESS				
CITY-\$1-ZIP	ST PETERSBURG FL 3	3707	140	ITY - S	it-ZIP				
TITLE	D	DELET	2 1 1	TITLE				Change	☐ Addition
NAME	LANGE, DAGMAR		22 N	IAME					
STREET ADDRESS	7914 9 AVE SOUTH		23S	TREET	ADDRESS				
CITY - ST - ZIP	ST PETERSBURG FL 3	3707	2.4 0	ITY-S	iT-ZIP				
TITLE		☐ DELET	3.17	TITLE			[	T Change	Addition
NAME			3.2 N	IAME					
STREET ADDRESS	[		3.3 5	STREE	T ADDRESS				
C(TY - ST - Z(P					T. 71D				
	1		3.4 C	XTY - 5	21 ZII ]				☐ Addition
TITLE		☐ DELET			11-211			Change	
TITLE NAME		☐ DELET		TITLE	17211		]	_ Change	
		☐ DELET	E 4.11	TITLE	ADDRESS		[	Change	
NAME STREET ADDRESS		☐ DELET	E 4.11 4.2 N 4.3 S	TITLE IAME ITREET			]	_ Change	
NAME		☐ DELET	E 4.11 4.2 N 4.3 S 4.4 C	TITLE JAME TREET CITY-S	ADDRESS			Change Change	☐ Addition
NAME STREET ADDRESS DITY-ST-ZIP			E 4.11 4.2 N 4.3 S 4.4 C	TITLE HAME STREET CITY-S TITLE	ADDRESS				☐ Addition
NAME STREET ADDRESS CHY-ST-ZIP THLE NAME			E 4.11 4.2 N 4.3 S 4.4 C E 5.11 5.2 N	TITLE HAME HTREET CITY-S TITLE HAME	ADDRESS				☐ Addition
NAME STREET ADDRESS DITY-ST-ZIP TILLE NAME STREET ADDRESS			E 4.11 4.2N 4.3S 4.4C E 5.11 5.2N 5.3S	TITLE HAME STREET CITY-S TITLE HAME STREET	ADDRESS ST - ZIP ADDRESS				Addition
NAME STREET ADDRESS CHY-ST-ZIP THLE NAME			E 4.11 42 N 4.3 S 4.4 C E 5 17 5 2 N 5 3 S 5 4 C	TITLE HAME HEET CITY-S TITLE HAME STREET CITY-S	ADDRESS 57 - ZIP		[		
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NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		[] DELE1	E 4.11 42N 4.3S 4.4C E 5.17 52N 53S 54C E 6.17 62N 63S	TITLE  IAME  ITREET  CITY-S  CITY-S  CITY-S  CITY-S  CITY-S  CITY-S  TITLE  IAME  IA	ADDRESS ST - ZIP ADDRESS		[	<b>C</b> hange	-

certify that the information indicated on this annual report of trusted and ooes not quality for the exemption stated in Section 119.0/(3)(k), Florida Statutes. I further certify that the information indicated on this 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 op an attachment with an address. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 04-22-96 (813)381-4406

SIGNATURE: