AMENDED MAY 1S 61.25

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 10 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000046050

1. Corporation Name

SWISS HOLIDAY INC

Principal Place of Business	Mailing Address
2323 Collins Ave Miami Beach, Fl 33139	2323 Collins Ave Miami Beach, Fl 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06-14-1995

4. FEI Number
65-059-2030
[ ] Applied For [ ] Not Applicable

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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip Country
24 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip Country
29 30

9. Name and Address of Current Registered Agent

Nancy Hensel
2323 Collins Avenue
Miami Beach, Fl 33139

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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
Signature, type or print name of registered agent and title if applicable (NOTE: Required if Applying for Reinstatement) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	Mr. Igor V. Fedorov	
STREET ADDRESS	2323 Collins Avenue	
CITY-ST-ZIP	Miami Beach, Fl 33139	
TITLE	V	[ ] DELETE
NAME	Ms. Nancy Hensel	
STREET ADDRESS	2323 Collins Avenue	
CITY-ST-ZIP	Miami Beach, Fl 33139	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Add
12 NAME	200002881382---0	
13 STREET ADDRESS	-05/20/99--01043--018	
14 CITY-ST-ZIP	*****61.25 *****61.25	
21 TITLE		[ ] Change [ ] Add
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Add
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Add
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Add
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Add
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (11/98)

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.

SIGNATURE: Nancy Hensel Nancy Hensel May 7, 1999 305-531-5327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR