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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000083302 (6)

EURO-SWISS TRADING, INC.

Principal Flace of Busines
6320 ALTON ROAD
THATA BEACH PL BOLAS

Mailing Address

FILED May 01 1997 8:00am Secretary of State



6320 ALTON ROAD MIAMI BEACH FL 33141					6320 ALTON ROAD MIAMI BEACH FL 33141-4512									
										3. Date Incorporated or Qualified 10/31/1995		3a. Date of Last Report 06/20/1996		
2. Principa! Pla			4	21	2a. Mailing Address				**********	4. FEI Number			Applied For	
21 2700 Bay Ave.					26					65-0621670			Not Applicable	
21 2700 Bay Ave. Suite, Apt #, etc. 22 Several Island II					Suite, Apt #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 23 Miami Beach, Fr				28						Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Z(ρ		- han 2,20,4 han han						8. This corporation has liability for intangible tax under s. 199.032,					s. 199.032,	
24 35/	40	25	CAJ/V		29 30					Florida Statutes Yes No 10. Name and Address of New Registered Agent				
HELLER & BARNETT CORPORATE SERVICES 1133 S. UNIVESITY DRIVE								or rane						
		SHY DRIV	E		82 Street Add			t Addre	ress (P.O. Box Number is Not Acceptable)					
	E 202	1 00004			83									
PLAN	NOITATI	L 33324					63							
					8			City			FL	85 Zij	Code	
11. Pursuant t	to the provis	ons of Sec	tions 607 050	2 and i	607 1508. Florida Statu	tes th	e abov	e-name	d corpo	oration submits this statement for the	purpose of	changing	its registered	
office or re	egistered ad	gent, or both	h, in the State	of Flor	ida. Such change was of, Section 607.0505, F	author	rized by	y the co	orporatio	on's board of directors. I hereby acc	ept the app	ointment s	as registered	
SIGNATURE	Signification typics	d or printed nace	e of registered age	cl and to	ie if applicable. (NO	TE Rook	slered Ap	eni sional	ure required	d when reinstating)	DATE			
12.	Signarize typod or printed name of registereo agent and title if applicable. (NOTE: Registe OFFICERS AND DIRECTORS													
TITLE	D	·			DELETE	1	I.1 TITLE		1			Change	Addition	
NAME	WEIBEL,	KATHARII	NA AP			١,	1.2 NAME							
STREET ADDRESS		FON ROAL			1,3 5			T ADDRES	3				i	
CHTY+ST-ZIP	MIAMI BI	EACH FL	33141		1.4			1.4 CITY-ST-ZIP					Ì	
TITLE					☐ DELETE	2	2.1 TITLE					Change	Addition	
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NAME						3	32 NAME				•	•		
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NAME.						- 1	1. 2 NAME							
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CHY-ST-ZIP							1.4 CITY - S	ST-ZIP						
TITLE					DELETE		5.1 TITLE		-			Change	Addition	
NAME						!	5.2 NAME				•			
STREET ADDRESS							5.3 STREE		s					
E!TY-ST-ZIP							5.4 CITY-5	ST-ZIP	4			1.1.6		
TIFLE					☐ DELETE	- 1	5.1 TITLE					Change	Addition	
NAME						- 1	6.2 NAME							
STREET ADDRESS							6.3 STREE	T ADDRES	S				ļ	
CITY - ST - ZIP		- 		,	(0)		6.4 CITY-5						11	
informatio	n indicated	on this ann	ual report or s	:uppler	mental annual report is	true a	nd acc	urate a	nd that :	in Section 119.07(3)(i), Florida State my signature shall have the same le	gat effect as	s if made ı	under oath; that	
I am an of	fficer or dire	ctor of the	corporation or	the re	ceiver or trustee empo	wered	to exec	cute thi	s report	as required by Chapter 607, Florid	a Statutes; a	nd that my	y name	