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

PROFIT CORPORATION ANNUAL REPORT

1997

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$89094

(4)

SWISS THAVEL LID. CORP.				
Principal Place of Business	Mailing Address			
3900 N.W. 79TH AVE. SUITE 571 MIAMI FL 33186	3900 N.W. 79TH AVE. Suite 571 Miami Fl. 33168-6595			
		 Date Incorporated or Qualified 10/23/1991 	3a. Date of Last Report 07/23/1996	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied Fo	
21	26	59-2094772	Not Applica	
Suite Apt. # etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additiona	

City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **FUERST, WALTER** 3900 NW 79TH AVE STE 571 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 571 83 MIAMI FL 33166 84 City Zip Code

Signature Signature Typed or general name of registeral appeal and late all applicable (MOTE: Rigidatered Agent signature required when reinitating) DATE	 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 holfi, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 							
Supervisor transform of registered append and talled all applicable (NOTE Registered Append large menulated When prendating) DATE		in tannial with, and accept the obligations of, section our soos, his	KIS OLGIOIOS.					
12.	SIGNATURE Styreture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaing) DATE OATE							
SANCHEZ, EDITH 12 NAME 3900 NW 79TH AVE \$571 1.3 STREET ADDRESS	12.	OFFICERS AND DIRECTORS	13. ADDITI	IONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12			
3900 NW 79TH AVE #571	TITLE	S DELETE	1.1 TITLE	Change	☐ Addition			
MAMI FL	NAME	SANCHEZ, EDITH	1.2 NAME					
DELETE D	STREET ADDRESS	3900 NW 79TH AVE #571	1.3 STREET ADDRESS		Ì			
NAME LUZZI, URS 3900 NW 79TH AVE #571 23 STREET ADDRESS CHY-SI-ZIP MIAMI FL Change Addition	CITY+ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP					
3900 NW 79TH AVE #571	1011	P DELETE	21 TITLE	Change	Addition			
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NAME	City - ST - ZIP	MIAMI FL	2.4 CITY-ST-ZIP					
33 STREET ADDRESS 34 CITY-ST-ZIP	THILE	DELETE	3.1 TITLE	Change	☐ Addition			
STATE	NAVE		3.2 NAME					
DELETE	STREET ADDRESS		3.3 STREET ADDRESS)			
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Too necestly elember to the information supplied with this rining does not quality for the exemption stated in Section 119.07(3)(i), Florida statutes. I turner certify that the information indicated on this annual report for suppliemental 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 on an attach ient with an address.

SIGNATURE:

, REQUIRED

FILED

May 15 1997 8:00am

Secretary of State