

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V57494** (9)

1. Corporation Name
SWISSWAY INCORPORATED

Principal Place of Business Mailing Address

**SEA BREEZE HOTEL EXECUTIVE OFFICES
16151 COLLINS AVENUE
MIAMI BEACH FL 33160-4505**

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16151 COLLINS AVENUE
MIAMI BEACH FL 33160-4505**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/11/1992** 3a. Date of Last Report **01/12/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2650 SCOTT STREET	26 2650 SCOTT STREET	65-0354545	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	7. The corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 HOLLYWOOD, FL	28 HOLLYWOOD, FL		
Zip	Country		
24 33020	25 BROWARD		
29 33020	30 BROWARD		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAMONT & NEIMAN, P.A. ONE BISCAYNE TOWER, SUITE 3550 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131	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 607.0542 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 of Registered Agent) _____ (Signature of Corporation Representative)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTMANN, HANS-JORG	2. NAME	ALMIRA HARTMANN
STREET ADDRESS	16151 COLLINS AVE.	3. STREET ADDRESS	2650 SCOTT STREET
CITY, ST, ZIP	MIAMI BEACH FL	4. CITY, ST, ZIP	HOLLYWOOD, FL 33020
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(2)(B) 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. I am an officer or director of the corporation or the registered agent responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or as an attachment with this address.

SIGNATURE:  **4/14/95** **866-8484**
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR