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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P36422

1. Corporation Name
ROUI EVARD SHOPPES AKTIEROLAG INC

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90115 018 ***150.00

Principal Place of Business Mahing Address State PORT ST. LUCIE R. 34952 DO NOT WRITE IN THIS SPACE	DODELYAND GHOLLED VIKILEDGENG, INC.			
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28		<i></i>	6. Election Campaign Financing 55.00 May	Be
Zip Country Zip Country Zip Country Zip Country Zip	28 Povt St	Lucie, FL	Trust Fund Contribution Added to Fe	es
9. Name and Address of Current Registered Agent	Zip Country Zip			
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SETERLUND, STIGE 1541 S.E. PORT ST. LUCIE BLVD. STE #A PORT ST. LUCIE FL 34952 Street Address (P.O. Box Number is Not Acceptable)	9. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registered Agent	
15.41 S.E. PORT ST. LUCIE BLVD. STE. #A PORT ST. LUCIE FL 34952 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 agent. I am familiar with fund accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with fund accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with fund accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with fund accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with fund accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with fund accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with fund accept the obligations of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with purpose of change its registered agent. I am familiar with purpose of change its registered agent. I am familiar with purpose of change its registered agent. I am familiar with purpose of change its registered agent. I am familiar with purpose of change its registered agent. I am familiar with purpose of change its registered agent. I am familiar with purpose of change its registered agent. I am familiar with purpose of change its registered agent. I am familiar with purpo	VESTERIUND, STIG-		sch A. MECCA.	
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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 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, arm flaming with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. Purpose or prinder-name of implifience agent and title 1 applicable. NAME VESTERLUND, STIG 12. NAME VESTERLUND, STIG 12. NAME VESTERLUND, STIG 14. AUTY-51-27P NAME MECCA, JACK 14. AUTY-51-27P NAME MECCA, JACK 14. AUTY-51-27P STREET ADDRESS FLYHAMNSVAGEN 24 13. SIRRET ADDRESS FLYHAMNSVAGEN 24 13. SIRRET ADDRESS FLYHAMNSVAGEN 24 14. AUTY-51-27P TITLE VCC PRESTORMS VESTERLUND, STIG 14. AUTY-51-27P VCC PRESTORMS VESTERLUND, STIG 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Addition NAME MECCA, JACK 17. STI-27P STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-STI-27P PORT ST LUCIE FL 21. TITLE VSCD DELETE 31. TITLE VSCD DELETE 32. NAME NAME NEDRA SLOTTSGATAN 6 33. STREET ADDRESS CITY-STI-27P TO DELETE 44. TITLE DECRUPS ADDRESS CITY-STI-27P TO DELETE ADDRESS CITY-STI-27P TO DELETE ADDRESS STREET ADDRESS CITY-STI-27P TO DELETE ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS DROTTON SALARY Addition Addition Addition Addition ADDRESS ADDRESS ADDRESS DROTTON SALARY Addition Addition Addition Addition ADDRESS ADD		83		
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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 an an attachment with an address, with all other like empowered.

SIGNATURE

STUTE ON FRINTED AME OF SIGNING OF TROPS STAN

1/18/99 (56/) 335 - 12 Daylime Phone # CR2E034 (11/98)