

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S68570** (8)

1. Corporation Name
ARVID BERGVALL INC.



Principal Place of Business: **1221 BRICKELL AVENUE STE - 900 MIAMI FL 33131 US**
Mailing Address: **1221 BRICKELL AVE STE - 900 MIAMI FL 33131 US**

2. Principal Place of Business: 21 State Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**KELLEY, ALLAN R.
175 NORTHWEST FIRST AVENUE
11TH FLOOR
MIAMI FL 33128**

3. Date incorporated or Qualified: **07/25/1991** 3a. Date of Last Report: **04/20/1995**
4. FEI Number: **65-0281762** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.001 and 607.1504, Florida Statutes, the above named Corporation is hereby making 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 607.001, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTS BERGER, NIELS	<input type="checkbox"/> DELETE
NAME	621 TIBIDABO AVENUE	
STREET ADDRESS	CORAL GABLES FL	
CITY, ST, ZIP		
TITLE	D BERGER, NIELS	<input type="checkbox"/> DELETE
NAME	621 TIBIDABO AVENUE	
STREET ADDRESS	CORAL GABLES FL	
CITY, ST, ZIP		
TITLE	C BENVALL, DJORN	<input type="checkbox"/> DELETE
NAME	KRONPRINSESSE MARTAS, PLACE #1	
STREET ADDRESS	OSLO NO	
CITY, ST, ZIP		
TITLE	D WALLACE, LARY	<input type="checkbox"/> DELETE
NAME	SEDGWICH CENTRE	
STREET ADDRESS	LONDON EN	
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY, ST, ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY, ST, ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY, ST, ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY, ST, ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY, ST, ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on this 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 and that I have the power to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report as an officer or director with an address.

SIGNATURE: *Niels Berger* Niels Berger 7/12/96 305-2714844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)