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**Jan 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S68570 (8)

1. Corporation Name
~~ARVID BERGVALL INC.~~
Sedgwick Bergvall Inc.



Principal Place of Business
**1221 BRICKELL AVENUE
STE - 900
MIAMI FL 33131
US**

Mailing Address
**1221 BRICKELL AVE.
STE - 900
MIAMI FL 33131-3261
US**

3. Date Incorporated or Qualified **07/25/1991** 3a. Date of Last Report **04/16/1996**

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

2. Principal Place of Business
21. Site, Apt. #, etc.
22. City & State
23. Zip Country
24. Country

2a. Mailing Address
26. Site, Apt. #, etc.
27. City & State
28. Zip Country
29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLEY, ALLAN R.
175 NORTHWEST FIRST AVENUE
11TH FLOOR
MIAMI FL 33128**

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 607.0602 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 _____ DATE _____
(NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **PTS BERGER, NIELS**
STREET ADDRESS **621 TIBIDABO AVENUE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE DELETE
NAME **D BERGER, NIELS**
STREET ADDRESS **621 TIBIDABO AVENUE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE DELETE
NAME **C BENVALL, DJORN**
STREET ADDRESS **KRONPRINSESSE MARTAS, PLACE #1**
CITY-ST-ZIP **OSLO NO**

TITLE DELETE
NAME **D WALLACE, LARY**
STREET ADDRESS **SEDGWICH CENTRE**
CITY-ST-ZIP **LONDON EN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **90 N. Prospect Dr**
1.4 CITY-ST-ZIP **Coral Gables FL 33133**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **90 N. Prospect Dr**
2.4 CITY-ST-ZIP **Coral Gables FL 33133**

3.1 TITLE Change Addition
3.2 NAME **Bergvall, Djorn**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME **Wallace, Lary**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

SIGNATURE: *Niels Bergen* **Niels Bergen** **Jan 14, 97** **305-3714844**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)