

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N48114 (5)

1. Corporation Name

THE SWEDISH-AMERICAN CHAMBER OF COMMERCE, SOUTH
FLORIDA, INC.

Principal Place of Business

2757 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306

Mailing Address

2757 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306

APPROVED
AND
FILED

95 APR -6 AM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

03/26/1992

04/26/1994

4. FEI Number

65-0339364

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 14880 SW 149 ST
Suite, Apt. #, etc.

2a. Mailing Address

26 14880 SW 149 ST
Suite, Apt. #, etc.

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33196

Country

25 USA

Zip

29 33196

Country

30 USA

9. Name and Address of Current Registered Agent

PERSON, NELS
2888 E OAKLAND PK BLVD
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
CD	NORDH, NILS	1050 CARRIBBEAN WAY	MIAMI FL
TD	HOLLISTER, BRITTA	2757 E OAKLAND PK BLVD	FT LAUDERDALE FL
D	KUYLENSTIERNA, STAFFAN	3200 S ANDREWS AVE #118	FT LAUDERDALE FL
PD	HUMMERHJELM, LARS	14880 SW 149TH ST	MIAMI FL
D	PERSSON, ANDERS	18346 NW 68 AVE APT 18K	MIAMI FL
D	LUNGBERG, STAFFAN	902 20TH PL	VERO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
SD	LISA HECHT CROWSTEDT	3420 GOLF COUNTRY DR #1501	FT LAUDERDALE FL 33308	☒	☐
D	EVA SWIFT	8770 Sunset Dr	Miami FL 33173	☒	☐
D	JARL HANSSON	2601 VONNE DE LON BLVD, ST L	8601 Coral Gables 33134	☒	☐
D	LUNDBERG, STAFFAN			☒	☐

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(9)(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, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed #