

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:13**

DOCUMENT # 831208 (4)

1. Corporation Name
SCANDIA ENTERPRISES N.V.

Principal Place of Business: **CORPORATION COMPANY OF MIAMI
100 CHOPIN PLAZA, 15TH FLOOR
MIAMI FL 33131-4332**

Mailing Address: **CORPORATION COMPANY OF MIAMI
100 CHOPIN PLAZA, 15TH FLOOR
MIAMI FL 33131-4332**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/02/1973** 3a. Date of Last Report: **06/24/1994**

4. FEI Number: **59-1496834** 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, 22, 23, 24, 25

2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **CORPORATION COMPANY OF MIAMI
100 CHOPIN PLAZA 15TH FLOOR
MIAMI FL 33131**

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOHOROS, MOISES	1.2 NAME	
STREET ADDRESS	% 201 S BISCAYNE 16TH FL	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOHOROS, DAVID M.	2.2 NAME	
STREET ADDRESS	% 201 S BISCAYNE 16TH FL	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHEERSKANTOOR, LEX	3.2 NAME	
STREET ADDRESS	PIETERMAAI 23	3.3 STREET ADDRESS	
CITY - ST - ZIP	CURACAO, ANTILLES NE.	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOHOROS, RICHARD M.	4.2 NAME	
STREET ADDRESS	% 201 S BISCAYNE 16TH FL	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, LILLIAN	5.2 NAME	
STREET ADDRESS	4155 SW 87 AVE, #101B	5.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(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 or attorney empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if confirmed or on an attachment with an address.

SIGNATURE: *Lillian Sherman* 4/4/95 305-584-2865
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR (Type) (Typed Name)
LILLIAN SHERMAN, DRS'T. SECRETARY