

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90213 037 ***150.00

DP80032 AV

DOCUMENT # 831208
 1. Entity Name
SCANDIA ENTERPRISES N.V.

Principal Place of Business Mailing Address
CORPORATION COMPANY OF MIAMI **9095 SW 87 AVE., #777**
100 CHOPIN PLAZA, 15TH FLOOR **MIAMI FL 33176**
MIAMI FL 33131-4332



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-1496834** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	YOHOROS, MOISES	% 201 S BISCAYNE 16TH FL	MIAMI FL	<input type="checkbox"/>
STD	YOHOROS, DAVID M.	% 201 S BISCAYNE 16TH FL	MIAMI FL	<input type="checkbox"/>
D	BEHEERSKANTOOR, LEX	PIETERMAAI 23	CURACAO, ANTILLES NE.	<input checked="" type="checkbox"/>
D	YOHOROS, RICHARD M.	% 201 S BISCAYNE 16TH FL	MIAMI FL	<input type="checkbox"/>
AS	SHERMAN, LILLIAN	4155 SW 67 AVE, #101B	DAVIE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
TID	Covenant Managers NV	100 Chopin Plaza, 16 Floor 2	Miami FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Gay Alegre Y. Dayan	100 Chopin Plaza 16 Floor 2	Miami FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VID	Camelia Namoui de Yohoros	100 chopin Plaza 16 Floor	Miami FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SID	Roger M. Ari Yohoros	100 chopin Plaza 16th Floor	Miami FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Moises Yohoros Date: 4/29/02 Daytime Phone #: 305-270-0870

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