

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Mar 20 1996 8:00 am  
Secretary of State

**DOCUMENT # F06645**

1. Corporation Name

*L. M. ERICSSON INTERNATIONAL INC.*

Principal Place of Business

*c/o Francis A. McLaughlin  
66 N.E. 107th Street  
Miami Shores, Fl 33161*

Mailing Address

*c/o Francis A. McLaughlin  
66 N.E. 107th Street  
Miami Shores, Fl 33161*

3. Date Incorporated or Qualified

*11/24/1980*

3a. Date of Last Report

*02/01/95*

2. Principal Place of Business

21 Suite. Apt. #, etc.  
22 City & State  
23 Zip Country

2a. Mailing Address

26 Suite. Apt. #, etc.  
27 City & State  
28 Zip Country

4. FEI Number

*59-206231*

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

*Francis A. McLaughlin  
66 N.E. 107th Street  
Miami Shores, Fl 33161*

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's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<i>P Landin, Bo</i>
STREET ADDRESS	<i>100 PARK AVENUE # 2705</i>
CITY - ST - ZIP	<i>NEW YORK, N.Y.</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>VP Svanson, Alfred</i>
STREET ADDRESS	<i>100 PARK AVE # 2705</i>
CITY - ST - ZIP	<i>NEW YORK, N.Y.</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>ST Nenzell, Liss-Olof</i>
STREET ADDRESS	<i>100 PARK AVE # 2705</i>
CITY - ST - ZIP	<i>NEW YORK, N.Y.</i>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<i>700001752807</i>
3.4 CITY - ST - ZIP	<i>-03/21/96---01026---017</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>***200.00</i>
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Liss-Olof Nenzell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LISS-OLOF NENZELL**

*1996-02-07 4687197886*

Date: *05 3-20-96*

CR2E034 (12/95)