

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90118 038 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F06645

1. Corporation Name  
L M ERICSSON INTERNATIONAL INC.

Principal Place of Business

% FRANCIS A. MC LOUGHLIN  
66 N.E. 107TH STREET  
MIAMI SHORES FL 33161

Mailing Address

% FRANCIS A. MC LOUGHLIN  
66 N.E. 107TH STREET  
MIAMI SHORES FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1980

4. FEI Number

59-2068231

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 601 Brickell Key Drive

2a. Mailing Address

26 601 Brickell Key Drive

Suite, Apt. #, etc.

22 Suite 511

Suite, Apt. #, etc.

27 Suite 511

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

Zip

24 33131

Country

Zip

29 33131

Country

30

9. Name and Address of Current Registered Agent

MC LOUGHLIN, FRANCIS A.  
66 NE 107TH STREET  
MIAMI SHORES FL 33161

10. Name and Address of New Registered Agent

81 Name

Linda G. McLoughlin, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

66 NE 107 Street

83

84 City

MIAMI SHORES

FL

85 Zip Code

33161

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
P	LANDIN, BO	100 PARK AVE #2705	NEW YORK NY	<input checked="" type="checkbox"/>
VP	SVENSON, ALFRED	100 PARK AVE #2705	NEW YORK NY	<input checked="" type="checkbox"/>
OF D	NENZELL, LISS-OLOF	100 PARK AVE #2705	NEW YORK NY	<input type="checkbox"/>
COB, P	BENGT FORSSBERG	601 BRICKELL KEY DRIVE, Suite 511	MIAMI, FL 33131	<input type="checkbox"/>
SECRETARY/TREASURER, D	OVE NORDIN	601 BRICKELL KEY DRIVE, Suite 511	MIAMI, FL 33131	<input type="checkbox"/>
D	MICHAEL KARPHEDE	601 BRICKELL KEY DRIVE, Suite 511	MIAMI, FL 33131	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
EXECUTIVE VICE PRESIDENT	LARS E. T. SKOLD	601 BRICKELL KEY DRIVE, Suite 511	MIAMI, FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EXECUTIVE VICE PRESIDENT	NILS BOJARDT	601 BRICKELL KEY DRIVE, Suite 511	MIAMI, FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT	NILS BOJJE	601 BRICKELL KEY DRIVE, Suite 511	MIAMI, FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29 1999 (305) 755 6600

CR2E034 (11/98)

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