

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

**FILED**  
**Apr 21 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** **F 23519**

1. Corporation Name  
**VIKING IMPORT AND EXPORT, INC.**

Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>18 MARCH 1981</b>	3a. Date of Last Report <b>1996</b>
21	<b>12399 SW 53RD STREET</b>	26		4. FEI Number <b>59-2087578</b>	Applied For Not Applicable
22	<b>SUITE 204</b>	27		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	<b>COOPER CITY, FL 33330</b>	28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	<b>33330</b>	25	<b>U.S.A.</b>	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>POUL A. SCHROEDER,</b> <b>11307 PORT STREET,</b> <b>COOPER CITY, FL 33026</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CHAIRMAN OF BOARD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POUL SCHROEDER</b>	1.2 NAME	
STREET ADDRESS	<b>11307 PORT STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COOPER CITY, FL 33026</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORA SCHROEDER</b>	2.2 NAME	
STREET ADDRESS	<b>11307 PORT STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COOPER CITY FL 33026</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TREASURER</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN P. SHAPPE</b>	3.2 NAME	
STREET ADDRESS	<b>17400 N.E. 12TH COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BEACH, FL 33162</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SECRETARY</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENRIK A. SCHROEDER</b>	4.2 NAME	
STREET ADDRESS	<b>2011 NE 34 COURT,</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT, FL 33064</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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; that I am the recipient 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 of this report as an attachment with an address.

SIGNATURE:  **POUL SCHROEDER** **4-16-97** **954-454-9399**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)