

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
H. ROY MOULTON
GOVERNOR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:51

DOCUMENT # **F78792**

(1)

STAR TOUR OF SCANDINAVIA, INC.

2. Principal Office Address	28. Mailing Address	3. Date of Incorporation	3a. Incorporation Date in
21. 505 N Atlantic Blvd	26. 505 N Atlantic Blvd	04/28/1982	04/29/1994
22. Fort Lauderdale FL 33304	27. Fort Lauderdale FL 33304	4. FIC Number	Agency Fee
23. USA	29. USA	59-2185233	New Applicant
24. Name and Address of Current Registered Agent	25. USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
9. L.R. & R., INC. 3501 BISCAYNE BOULEVARD MIAMI FL 33137	30. USA	6. Exemption Certificate (Filing Fee) and Florida Contributions	\$5.00 May Be Added to Fees
10. Name and Address of New Registered Agent	31. Name	8. This corporation has already been organized in another state or country. Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	82. Street Address (Full Business Name and Zip Code)		
	83. City		
	84. State	85. Zip Code	FL

11. I, the undersigned, being the sole officer and director of the above named corporation, certify that the statement of the proposed changes filed by me complies with the provisions of the Florida Statutes and that the same have been approved by the corporation's board of directors. I hereby accept the appointment of registered agent for the corporation and consent to the filing of this report in accordance with the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADVERTISERS (Required for all corporations except those that are exempt)
NAME: P ANDERS, ESLANDER STREET ADDRESS: 18801 COLLINS AVE CITY: N. MIAMI BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
VS NAME: CARINA, SANNERALM STREET ADDRESS: 11785 STOCKHOLM SWEDEN	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
VS NAME: NERHEIM, CECILIE STREET ADDRESS: 18801 COLLINS AVE CITY: N. MIAMI BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove

REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is accurate, complete and correct and that I am duly qualified to act as president of the corporation. I further certify that the corporation is in compliance with the provisions of the Florida Statutes and that the same have been approved by the corporation's board of directors. I hereby accept the appointment of registered agent for the corporation and consent to the filing of this report in accordance with the Florida Statutes.

SIGNATURE: Anders Eslander president 950428 01146-87207200

PRINTED NAME OF BOARD OFFICER OR DIRECTOR