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**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F78792 (1)

1. Corporation Name
STAR TOUR OF SCANDINAVIA, INC.



Principal Place of Business 500 NORTH BIRCH ROAD FORT LAUDERDALE FL 33304 US	Mailing Address 505 NORTH ATLANTIC BOULEVARD RIVIERA HOTEL FORT LAUDERDALE FL 33304-4109 US
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3. Date Incorporated or Qualified 04/28/1982	3a. Date of Last Report 04/05/1996
4. FEI Number 59-2185233	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent

**L.R. & R., INC.
3501 BISCAYNE BOULEVARD
MIAMI FL 33137**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ANDERS, ESLANDER	
STREET ADDRESS	11785	
CITY-ST-ZIP	STOCKHOM SW	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CARINA, SANNEHALM	
STREET ADDRESS	11785	
CITY-ST-ZIP	STOCKHOLM SWEDEN	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	NERHEIM, CECILIE	
STREET ADDRESS	11785	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	DUNDER, KATARINA	
STREET ADDRESS	505 N ATLANTIC BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
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 checked="" type="checkbox"/> Addition
1.2 NAME	P
1.3 STREET ADDRESS	Gunilla Rudebjer
1.4 CITY-ST-ZIP	117 85 Stockholm Sweden
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VS
2.3 STREET ADDRESS	Peter Wetterstrand
2.4 CITY-ST-ZIP	117 85 Stockholm Sweden
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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	700002156767
6.3 STREET ADDRESS	-04/28/97--01076--043
6.4 CITY-ST-ZIP	***165.00

Handwritten: RW 4-28-97

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 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: *Carina Sannehalms* **REQUIRED** _____ Date _____ Daytime Phone # _____

CARINA SANNEHALM

CR2E034 (9/96)