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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 13, 1999 8:00 am
Secretary of State

0186965

02-13-1999 90030 018 ***150.00

DOCUMENT # **F94000004594**

1. Corporation Name

EKMAN & CO INC.

Principal Place of Business

200 S. BISCAYNE BLVD., STE. 3850
MIAMI FL 33131

Mailing Address

200 S. BISCAYNE BLVD., STE. 3850
MIAMI FL 33131

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVENSSON, JAN		1.2 NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. 4400		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANZELMO, LEE		2.2 NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. 4400		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-ST-ZIP	
TITLE	T.	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, NEIL		3.2 NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. 4400		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131		3.4 CITY-ST-ZIP	
TITLE	CFO	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTERSSON, LARS		4.2 NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. 4400		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131		4.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARS, APPLEGREN		5.2 NAME	
STREET ADDRESS	PO BOX 230, S-40123		5.3 STREET ADDRESS	
CITY-ST-ZIP	GOTHENBURG SW		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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

305-519-1200

Date

Daytime Phone #

CR2E034 (11/98)