

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90109 001 ***150.00

DOCUMENT # F98000003853

1. Corporation Name

SKANDIA SOUTH AMERICA HOLDING CORPORATION

Principal Place of Business

ONE CORPORATE DRIVE
SHELTON CT 06484-0883

Mailing Address

ONE CORPORATE DRIVE
SHELTON CT 06484-0883

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1998

4. FEI Number

APPLIED FOR 65-0854049

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$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

21 801 Brickell Avenue

Suite, Apt. #, etc.

22 Suite 900

City & State

23 Miami Florida

Zip

24 33131

Country

25 U.S.A.

2a. Mailing Address

26 801 Brickell Avenue

Suite, Apt. #, etc.

27 Suite 900

City & State

28 Miami Florida

Zip

29 33131

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE PD ☐ DELETE
NAME PAREDES, JAIME F
STREET ADDRESS AV. 19 NO 113-30
CITY-ST-ZIP BOGOTA COLUMBIA

TITLE S ☐ DELETE
NAME PAEZ, PATRICIA
STREET ADDRESS ONE CORPORATE DRIVE
CITY-ST-ZIP SHELTON CT

TITLE T ☐ DELETE
NAME RODRIGUEZ SCOTT, MARIA
STREET ADDRESS 55 ALHAMBRA PLAZA
CITY-ST-ZIP CORAL GABLES FL

TITLE CD ☐ DELETE
NAME CARENDI, JAN R
STREET ADDRESS ONE CORPORATE DRIVE
CITY-ST-ZIP SHELTON CT

TITLE D ☐ DELETE
NAME SVENSSON, C A
STREET ADDRESS ONE CORPORATE DRIVE
CITY-ST-ZIP SHELTON CT

TITLE D ☐ DELETE
NAME SODERSTROM, ANDERS O
STREET ADDRESS ONE CORPORATE DRIVE
CITY-ST-ZIP SHELTON CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 801 Brickell Avenue, Suite 900
1.4 CITY-ST-ZIP Miami, Florida 33131

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 801 Brickell Avenue, Suite 900
3.4 CITY-ST-ZIP Miami, Florida 33131

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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

4/ /99

(305) 789-6767

Date

Daytime Phone #

CR2E034 (1/98)