SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # G27516 (5)NORDIC TRADING INC. Principal Place of Business Mailing Address 1000 29TH AVE 1000 29TH AVE P.O. BOX 6143 P.O. BOX 6143 VERO BEACH FL 32961 VERO BEACH FL 32961 3. Date incorporated or Qualified 3a. Date of Last Report 03/11/1983 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2304943 Not Applicable Suite, Apt. #, etc. Suite, Ant. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıρ Country Ζıp Country 8. This corporation has liability for intengible tax under s. 199.032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent NEDRELID, NILS P. 81 Name 1000 29TH AVE Street Address (P.O. Box Number is Not Acceptable) 82 VERO BCH FL 32960 83 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above named corporation submits this statement for the purpose of changing its 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 the if applicable (NOTE: Registered Agent signature required when ministating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/36) TITLE DELETE 1 LITTLE Change Addition NAME NEDRELID, NILS P 1.2 NAME 1000 29TH AVE CR2E034 STREET ADDRESS 1.3 STREET ADDRESS VERO BCH, FL 00000 CITY-ST-ZIP 14 CITY - ST - ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-SI-ZIP TITLE DELETE 4 ! TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CHTY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5 1 THTLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY - ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), 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 that my name annuals in Block 12 or Block 13 of through or or or an attachment with an address. or on an attachment with an address

6-28-96 (407)567-4949

SIGNATURE: