

FILED

May 08 1997 8:00am  
 Secretary of State

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| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Harrison<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |
| <b>DOCUMENT # G32736 (2)</b><br>1. Corporation Name<br><b>MIRROR OF SWEDEN, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |
| Principal Place of Business<br>c/o KPMG Peat Marwick LLP<br>Attn: Sean Menendez<br>450 E. Las Olas Blvd.<br>Ft. Lauderdale, FL 33301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | Mailing Address<br>c/o KPMG Peat Marwick LLP<br>Attn: Sean Menendez<br>450 E. Las Olas Blvd.<br>Ft. Lauderdale, FL 33301                                                                                                                                                                                                                                                                                                                                                               |                                                                   |
| 2. Principal Place of Business<br>21 Subd. Apt. #, etc.<br>22 City & State<br>23 Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                | 3. Date Incorporated or Qualified 04/12/1983<br>4. Date of Last Report 12/17/1996<br>5. FBT Number 59-2352362<br>6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>7. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$8.00 May Be Added in Fees<br>8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                   |
| 9. Name and Address of Current Registered Agent<br>BLUM, HANS C/O KPMG PEAT MARWICK LLP<br>ATTN: SEAN MENENDEZ<br>450 E. LAS OLAS BLVD., 7TH FLOOR<br>FORT LAUDERDALE, FLORIDA 33301                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83 City<br>84 Zip Code                                                                                                                                                                                                                                                                                                                                             |                                                                   |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 607.0504, Florida Statutes.                                                                                                                                                                        |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |
| SIGNATURE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |
| <b>12. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | <b>13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |
| 1. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CPD<br>BLUM, HANS<br>OSKARSTROM, SWEDEN        | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ST<br>BORERING, JAN<br>EROLZHEIM<br>W. GERMANY | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this filing 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 or is attached to an attachment with an address. |                                                | 700002182417<br>-05/19/97--01014--030<br>***165.00                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |
| SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |

CR0004 (5/95)