

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90151 006 ***150.00

DOCUMENT # **G32736**

1. Corporation Name

MIRROR OF SWEDEN, INC.

Principal Place of Business

**C/O KPMG PEAT MARWICK LLP
450 E. LAS OLAS BLVD
FT. LAUDERDALE FL 33301**

Mailing Address

**C/O KPMG PEAT MARWICK LLP
450 E. LAS OLAS BLVD
FT. LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1983

2. Principal Place of Business

**21 Suite, Apt. #, etc.
1201 Hays Street**

**23 City & State
Tallahassee, FL**

**24 Zip Country
32301 USA**

2a. Mailing Address

26 P.O. Box 17086

27 Suite, Apt. #, etc.

**28 City & State
Denver, CO**

**29 Zip Country
80217 USA**

4. FEI Number

59-2352362

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

9. Name and Address of Current Registered Agent

**BLUM, HANS
C/O KPMG PEAT MARWICK LLP
450 E. LAS OLAS BLVD
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

**81 Name
The Prentice-Hall Corporation System, Inc.**

**82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street**

83

**84 City
Tallahassee**

**85 Zip Code
FL 32301**

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

Assistant Vice-President

4/29/99

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 CPD
NAME BLUM, HANS
STREET ADDRESS OSKARSTROM
CITY-ST-ZIP OSKARSTROM, SWEDEN

TITLE ST
NAME BORGRING, JAN
STREET ADDRESS EROLZHEIM
CITY-ST-ZIP W. GERMANY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE
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

Date

Daytime Phone #

CR2E034 (11/98)