FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03368 (0)

1. Corporation Name

THE NORWEGIAN AMERICAN CHAMBER OF COMMERCE, INC.
, FLORIDA

Principal Place of Business	Mailing Address
C/O JOHN C. STRICKROOT 175 N.W. 1ST AVE. MIAMI FL 33128-6817	C/O JOHN C. STRICKROOT 175 N.W. 1ST AVE. MIAMI FL 33128-6817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1984
3a. Date of Last Report: 02/03/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o John C. Strickroot	26 c/o John C. Strickroot
22 Suite, Apt. #, etc. 100 S.E. 2nd St., 17th Fl.	27 Suite, Apt. #, etc. 100 S.E. 2nd St., 17th Fl.
23 City & State: Miami, FL	28 City & State: Miami, FL 33131
24 Zip: 33131 25 Country: U.S.A.	29 Zip: 33131 30 Country: U.S.A.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STRICKROOT, JOHN C.
THE COURTHOUSE CENTER BLDG.
175 NW 1ST AVE.
MIAMI FL 33128

10. Name and Address of New Registered Agent

81 Name: John C. Strickroot, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2nd St., 17th Floor
83
84 City: Miami FL 85 Zip Code: 33131

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 _____ DATE 3/1/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	EIKEVIK, BJARNE	1.2 NAME	
STREET ADDRESS	1290 E. COMMERCIAL BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	JENSEN, TROND S.	2.2 NAME	SAME
STREET ADDRESS	2 ALHAMBRA PLAZA, PENTHOUSE 1E	2.3 STREET ADDRESS	SAME
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	900 DOUGLAS ROAD SUITE 360 CORAL GABLES FL 33134
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	MARSTON, FRANK J.	3.2 NAME	
STREET ADDRESS	200 S BISCAYNE BLD #3460	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131-5308	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	DAHL, KAREN L	4.2 NAME	
STREET ADDRESS	PO BOX 273824 NA	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HAAGENSEN, JOHN	5.2 NAME	
STREET ADDRESS	1001 N AMERICA WAY #208	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DEL VECCHIO, INGER B	6.2 NAME	
STREET ADDRESS	9100 SO DADELAND BLVD, STE 1107	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bjarne Eikevik BJARNE EIKEVIK 3/3/95 3057715700
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0006768