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Feb 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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  
100 S.E. 2ND ST., 17TH FL  
MIAMI FL 33131  
USC/O JOHN C. STRICKROOT  
100 S.E. 2ND ST., 17TH FL  
MIAMI FL 33131-2100  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/31/1984

3a. Date of Last Report

03/07/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

10. Name and Address of New Registered Agent

STRICKROOT, JOHN C.  
100 S.E. 2ND ST., 17TH FLOOR  
175 NW 1ST AVE.  
MIAMI FL 33131

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME EIKEVIK, BJARNE  
STREET ADDRESS 1290 E. COMMERCIAL BLVD  
CITY-ST-ZIP FT. LAUDERDALE FL 333341.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VD ☒ DELETE  
NAME JENSEN, TROND S.  
STREET ADDRESS 800 DOUGLAS ROAD SUITE 380  
CITY-ST-ZIP CORAL GABLES FL2.1 TITLE P/D ☐ Change ☒ Addition  
2.2 NAME Kruse, Stein  
2.3 STREET ADDRESS 600 Corporate Drive, Suite 400  
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33334TITLE TD ☒ DELETE  
NAME MARSTON, FRANK J.  
STREET ADDRESS 200 S BISCAYNE BLD #3460  
CITY-ST-ZIP MIAMI FL 33131-53083.1 TITLE T/D ☐ Change ☒ Addition  
3.2 NAME Foley, John F.  
3.3 STREET ADDRESS 701 S.E. 24th Street  
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33316TITLE SD ☐ DELETE  
NAME DAHL, KAREN L  
STREET ADDRESS PO BOX 273824 NA  
CITY-ST-ZIP BOCA RATON FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME HAAGENSEN, JOHN  
STREET ADDRESS 1001 N AMERICA WAY #208  
CITY-ST-ZIP MIAMI FL5.1 TITLE V/D ☐ Change ☒ Addition  
5.2 NAME Nordh, Nils  
5.3 STREET ADDRESS 1050 Caribbean Way  
5.4 CITY-ST-ZIP Miami, FL 33132TITLE D ☒ DELETE  
NAME DEL VECCHIO, INGER B  
STREET ADDRESS 9100 SO DADELAND BLVD, STE 1107  
CITY-ST-ZIP MIAMI FL6.1 TITLE V/D ☐ Change ☒ Addition  
6.2 NAME Masvidal-Visser Maria  
6.3 STREET ADDRESS 421 Maya Avenue (H)  
6.4 CITY-ST-ZIP Coral Gables, FL 33146

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Foley 1/28/97 954-525-3381  
Date Daytime Phone # 0026433

CP2E037 (9/96)