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 APR -6 AM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48114** **(5)**

1. Corporation Name

THE SWEDISH-AMERICAN CHAMBER OF COMMERCE, SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
2757 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306	2757 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1992
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0339364 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21 14880 SW 149 ST	26 14880 SW 149 ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip / Country 24 33196 / 25 USA	Zip / Country 29 33196 / 30 USA

9. Name and Address of Current Registered Agent

PERSON, NELS
2888 E OAKLAND PK BLVD
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

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
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	CD	11 TITLE	☐ Change ☐ Addition
NAME	NORDH, NILS	12 NAME	
STREET ADDRESS	1050 CARRIBBEAN WAY	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	SD ☒ Change ☐ Addition
NAME	HOLLISTER, BRITTA	22 NAME	LISA HECHT CRONSTEDT
STREET ADDRESS	2757 E OAKLAND PK BLVD	23 STREET ADDRESS	2420 Galt Ocean Dr #1561
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	Ft Lauderdale, Fla 33308
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	KUYLENSTIERNA, STAFFAN	32 NAME	EVA SWIFT
STREET ADDRESS	3200 S ANDREWS AVE #118	33 STREET ADDRESS	8770 Sunset Dr
CITY-ST-ZIP	FT LAUDERDALE FL	34 CITY-ST-ZIP	Miami FL 33173
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	HUMMERHIELM, LARS	42 NAME	
STREET ADDRESS	14880 SW 149TH ST	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	PERSSON, ANDERS	52 NAME	JARL JOHNSSON
STREET ADDRESS	18348 NW 68 AVE APT 18K	53 STREET ADDRESS	2601 South Bayshore Dr, Ste 860
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	Coral Gables 33134
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	LUNGBERG, STAFFAN	62 NAME	LUNDBERG, STAFFAN
STREET ADDRESS	902 20TH PL	63 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	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)(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] Lisa Hecht-Cronstedt 4/1/95 305-785-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

SEC/TAUS

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