

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N48114 (5)**  
1. Corporation Name  
**THE SWEDISH-AMERICAN CHAMBER OF COMMERCE, SOUTH FLORIDA, INC.**



Principal Place of Business <b>14880 SW 149 ST MIAMI FL 33196 US</b>	Mailing Address <b>14880 SW 149 ST MIAMI FL 33196-2359 US</b>
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2. Principal Place of Business <b>21 1200 ANASTASIA AVE. Suite, Apt. #, etc. <b>22 SUITE 310 City &amp; State <b>23 CORAL GABLES Zip Country <b>24 FL 33134 25 USA</b></b></b></b>	2a. Mailing Address <b>26 1200 ANASTASIA AVE. Suite, Apt. #, etc. <b>27 SUITE 310 City &amp; State <b>28 CORAL GABLES Zip Country <b>29 FL 33134 30 USA</b></b></b></b>
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3. Date Incorporated or Qualified <b>03/26/1992</b>	3a. Date of Last Report <b>02/02/1996</b>
4. FEI Number <b>65-0339364</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This 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  
**PERSON, NELS  
2888 E OAKLAND PK BLVD  
FT. LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>NORDH, NILS</b>	
STREET ADDRESS	<b>1050 CARRIBBEAN WAY</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>CRONSTEDT, LISA H</b>	
STREET ADDRESS	<b>3430 GALE OCEAN DR. #1501</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SWIFT, EVA</b>	
STREET ADDRESS	<b>8770 SUNSET DR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HUMMERHJELM, LARS</b>	
STREET ADDRESS	<b>14880 SW 149TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HANSSON, JARL</b>	
STREET ADDRESS	<b>2801 PONCE DE LEON BLVD., STE 860</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HELLMAN, GORAN</b>	
STREET ADDRESS	<b>2053 MONTEPELIER</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>5521 RIVIERA DR.</b>
1.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>770 CLAUGHTON ISLAND DR. # 1206</b>
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VCD KARL STENSTROM</b>
3.3 STREET ADDRESS	<b>6501 GRANADA BLVD.</b>
3.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>FL 33196</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>TD BERGER, NIELS</b>
5.3 STREET ADDRESS	<b>1221 BRUCKEL AVE., SUITE 940</b>
5.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<b>WESTON, FL 33326</b>

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 \_\_\_\_\_ DATE **5/8/97** (2nd) 119-3558

CR2E037 (9/96)