


FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</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>1200 ANASTASIA AVE. 310 CORAL GABLES FL 33134 US</b>	Mailing Address <b>1200 ANASTASIA AVE. 310 CORAL GABLES FL 33134 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>03/26/1992</b>
4. FEI Number <b>65-0339364</b>
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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 33308**

10. Name and Address of New Registered Agent 81 Name <b>ANDREASEN, JAN E.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8780 N.W. 3rd COURT</b> 83 84 City <b>CORAL SPRINGS</b> FL 85 Zip Code <b>33071</b>
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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]* DATE **4-20-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	<b>NORDH, NILS</b>
STREET ADDRESS	<b>5521 RIVIERA DR.</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	<b>CROWSTEDT, LISA H</b>
STREET ADDRESS	<b>700 CLAUGHTON ISLAND DR., #1208</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	VCD <input checked="" type="checkbox"/> DELETE
NAME	<b>STENSTROM, KARL</b>
STREET ADDRESS	<b>6501 GRANADA BLVD.</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	<b>HUMMERHJELM, LARS</b>
STREET ADDRESS	<b>14880 SW 149TH ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>BERGER, NIELS</b>
STREET ADDRESS	<b>1221 BRICKELL AVE., STE. 940</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	<b>HELLMAN, GORAN</b>
STREET ADDRESS	<b>2053 MONTEPELIER</b>
CITY-ST-ZIP	<b>WESTON FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>STENSTROM, KARL</b>
1.3 STREET ADDRESS	<b>6501 GRANADA BLVD.</b>
1.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>
2.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ISRAELSSON, BO HAMPUS</b>
2.3 STREET ADDRESS	<b>556 WESTMOUNT LANE</b>
2.4 CITY-ST-ZIP	<b>VENICE, FL 34293</b>
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HELLMAN, GORAN</b>
3.3 STREET ADDRESS	<b>2053 MONTEPELIER</b>
3.4 CITY-ST-ZIP	<b>WESTON, FL 33326</b>
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ANDREASEN, JAN E.</b>
4.3 STREET ADDRESS	<b>8780 NW 3RD COURT</b>
4.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>HAEGER, JONAS</b>
6.3 STREET ADDRESS	<b>540 BRICKEL KEY DRIVE, #308</b>
6.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>

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 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]* **Goran Hellman / Goran Hellman** DATE: **3/11/98 (305) 443-58**

CR2E037 (10/97)