

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000049017 (5)

1. Corporation Name

ING-MARIE SVENSSON, INC.



Principal Place of Business

1500 BAY RD
APT 547
MIAMI BEACH FL 33139

Mailing Address

1500 BAY RD
APT 547
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified
07/14/1993

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

21 13205 CORONADO LANE

2a. Mailing Address

26 13205 CORONADO LANE

4. FEI Number

65-0423869

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 NORTH MIAMI, FL.

28 NORTH MIAMI

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip 33181

25 Country USA

29 Zip 33181

30 Country USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SVENSSON, ING-MARIE
1500 BAY RD
APT 547
MIAMI BEACH FL 33139

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 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

Signature of individual or principal officer or director of the corporation

Signature of Registered Agent or Secretary of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DPS
SVENSSON, ING-MARIE
1500 BAY RD APT 547
MIAMI BEACH FL 33139 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

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CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
13205 CORONADO LANE
NORTH MIAMI, FL. 33181 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
☐ Change ☐ Addition

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)(k), 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 607, 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
ING-MARIE SVENSSON, 4/10/96 345899-0309

CB2E034 (12/95)