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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 28 1997 8:00am

Secretary of State

DOCUMENT # P94000011192 (9)

SWEDISH EXCLUSIVE, INC.

Principal Place of Businoss Mailing Address									
9495 BUNSET DR SUITE 8-275 MIAMI FL 33175		9495 SUNSET DR SUITE B-275 MIAMI FL 33173-3233	9495 SUNSET DR SUITE B-275						
					3. Date Incorpora 02/10/1994	ted or Qualified	3a. Date of Last R 05/01/1996	Report	
2. Principal Place of Business		2a. Mailing Address	774			^	 	oplied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			9	60 75	ot Applicable Additional	
22		27	-			atus Desired	T T	Additional equired	
City & State		City & State	City & State			aign Financing	\$5.00	May Be	
23		28			Trust Fund Con	tribution		to Fees	
Zip Country		Zip				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No			
24	25 9. Name and Address of Curre	nt Registered Agent	[30]		Florida Statutes 10. Name and Add				
SAT	ULOFF, BARTH		81	Namo		areas or their rive	istorou Agoin		
	5 SUNSET DR		82	Stroot	Address (P.O. Box Number	r is Not Associable	01		
SUF	TE B-275			Sirect	Address (F.O. Box Number	is Not Acceptable	e,		
MIA	MI FL 33175		83						
			84	City			85 Zip	Code	
11 Purcuant	to the provisions of Spelions 607 Or.	02 and 607 1508 Florida Statut	los the above	0.00000	Locaration submits this at	atamont for the au	FL 3 219	lo recipland	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. Such change was	authorized by	the cor	poration's board of director	s. I hereby accept	the appointment as	registered	
	m lamiliar with, and accept the oblig	gations of, Section 607.0505, Fi	onda Statutes	5.			•		
SIGNATURE	Signature, typed or printed name of registered as	nent and title if applicable (NOT	I Hagistered Age	nt signature	e required when reinstating)		DATE		
12.		ID DIRECTORS	13.				RS AND DIRECTOR		
TITLE	P WEDENMARK, LENG	☐ DELFIE	1.1 THILE		WEDENMAR 11840 SW	K LEN	1A Change	☐ Addition	
NAME STREET ADDRESS	6155 SW 120 AVE		1.2 NAME 1.3 STREET	ADDRESS	118110 SW	80 51	#527		
CITY-ST-ZIP	MIAMI FL		1.3 STREET		MIAMI FL	33/8	2		
TITLE		DELETE	2 1 TITLE				☐ Change	Addition	
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-ZIP	·		2. ¢ CITY+5	S1 - ZIP					
TITLE		☐ DELETE	3.1 TITLE		-		☐ Change	L Addition	
NAME Street address			3.2 NAME 3.3 STREET	NDDDCCC					
CITY-ST-ZIP			3.3 STREET						
TITLE		DELETE	4 1 TITLE	21-211		 	Change	Addition	
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP		T DELETE	4.4 CITY - S	T - ZIP				. —	
TITLE		DELETE	51 TIFLE				Change	☐ Addition	
NAME STREET ADDRESS			5 2 NAME	YDDDicc					
CITY-ST-ZIP			5.3 STREET 5.4 CHY - S						
TITLE		DELETE	6.1 TIRE	. 411			Change	Addition	
NAME			6.2 NAME				,		
STREET ADDRESS			63STREE1	ADDRESS					

64 CITY-S1-ZIP

14. I do hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change or or an attachment with an address.