
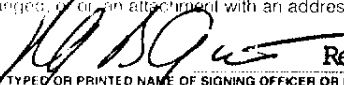


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 11 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000008106</b> 1. Corporation Name <b>TELIA SWEDTEL, INC.</b>					
Principal Place of Business <b>4950 First Union Financial Center</b> <b>200 So. Biscayne Blvd.</b> <b>Miami, FL 33131</b>			Mailing Address <b>4950 First Union Financial Center</b> <b>200 So. Biscayne Blvd.</b> <b>Miami, FL 33131</b>		
2. Principal Place of Business 21 State Apt. # etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>1/26/95</b> 3a. Date of Last Report <b>1996</b> 4. FEI Number <b>65-0555590</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> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>GUTHRIE, REX B.</b> <b>4950 First Union Financial Center</b> <b>200 So. Biscayne Blvd.</b> <b>Miami, FL 33131</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
TITLE: <b>President</b> <input type="checkbox"/> DELETE NAME: <b>Jan R. Carlsson</b> STREET ADDRESS: <b>200 So. Biscayne Blvd., #4950</b> CITY-STATE-ZIP: <b>Miami, FL 33131</b>			11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME: 13 STREET ADDRESS: 14 CITY-STATE-ZIP:		
TITLE: <b>Secretary</b> <input type="checkbox"/> DELETE NAME: <b>Rex B. Guthrie</b> STREET ADDRESS: <b>200 So. Biscayne Blvd., #4950</b> CITY-STATE-ZIP: <b>Miami, FL 33131</b>			21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME: 23 STREET ADDRESS: 24 CITY-STATE-ZIP:		
TITLE: <b>Director</b> <input type="checkbox"/> DELETE NAME: <b>Rune Nyman</b> STREET ADDRESS: <b>3900 NW 79 Ave. #568, Miami, FL 33166</b> CITY-STATE-ZIP:			31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME: 33 STREET ADDRESS: 34 CITY-STATE-ZIP:		
TITLE: <b>Director</b> <input type="checkbox"/> DELETE NAME: <b>Lennart Ljungblad</b> STREET ADDRESS: <b>3900 NW 79 Ave., # 568</b> CITY-STATE-ZIP: <b>Miami, FL 33166</b>			41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME: 43 STREET ADDRESS: 44 CITY-STATE-ZIP:		
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:			51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME: 53 STREET ADDRESS: 54 CITY-STATE-ZIP:		
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:			61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME: 63 STREET ADDRESS: 64 CITY-STATE-ZIP:		
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 included 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 on Block 12 or Block 13 or changes, or on an attachment with an address.					
<b>SIGNATURE:</b>  <b>Rex B. Guthrie (305) 358-4962 3/3/97</b> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Phone #					

CR2E034 (9/96)