

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

FILED

Jan 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000008106 (3)

1. Corporation Name
TELIA SWEDTEL, INC.

Principal Place of Business

4950 FIRST UNION FINANCIAL CENTER
200 SO-BISCAYNE BLVD.
MIAMI FL 33131
US

Mailing Address

4950 FIRST UNION FINANCIAL CENTER
200 SO-BISCAYNE BLVD.
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1995

4. FEI Number

65-0555590

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30, ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 10556 NW 26 St #D202
Suite, Apt. #, etc.

26 10556 NW 26 St #D202
Suite, Apt. #, etc.

22 Suite D-202
City & State

27 Suite D-202
City & State

23 Miami, FL
Zip Country

28 Miami, FL
Zip Country

24 33172 25 US

29 33172 30 US

9. Name and Address of Current Registered Agent

GUTHRIE, REX B
4950 FIRST UNION FINANCIAL CENTER
200 SO-BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite D-202

84 City

Miami

FL

85 Zip Code

33172

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]

Xiomara S. Montenegro

1-9-98

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME NYMAN, RUNE
STREET ADDRESS 3900 NW 79TH AVE.
CITY-ST-ZIP MIAMI FL 33166

TITLE D
NAME LJUNGBLAD, LENNART
STREET ADDRESS 3900 NW 79TH AVE.
CITY-ST-ZIP MIAMI FL 33166

TITLE S
NAME GUTHRIE, REX B
STREET ADDRESS 200 SO. BISCAYNE BLVD. #4950
CITY-ST-ZIP MIAMI FL 33131

TITLE P
NAME CARLSSON, JAN R
STREET ADDRESS 200 SO-BISCAYNE BLVD. #4950
CITY-ST-ZIP MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 10556 N.W. 26 St., Suite D-202
1.4 CITY-ST-ZIP Miami, FL 33172

2.1 TITLE D
2.2 NAME Michaelson, Lennart
2.3 STREET ADDRESS 10556 N.W. 26 St. #D-202
2.4 CITY-ST-ZIP Miami, FL 33172

3.1 TITLE S
3.2 NAME Montenegro, Xiomara S.
3.3 STREET ADDRESS 10556 N.W. 26 St. #D-202
3.4 CITY-ST-ZIP Miami, FL 33172

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 10556 N.W. 26 St., Suite D-202
4.4 CITY-ST-ZIP Miami, FL 33172

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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]

1-13-98

Date

Daytime Phone #

0543927

CR2E034 (10/97)