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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT



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

1997

DOCUMENT # P95000085039 (2)

1. Corporation Name
SWEDISH AMERICAN TRADE CENTER, INC.

Principal Place of Business
153 SEVILLA AVENUE
CORAL GABLES FL 33134

Mailing Address
153 SEVILLA AVENUE
CORAL GABLES FL 33134-6006



3. Date Incorporated or Qualified
11/03/1995

3a. Date of Last Report
07/10/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0621377

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

M.J.F. REGISTERED AGENTS CORP.
153 SEVILLA AVENUE
CORAL GABLES FL 33134

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
NORDH, NILS G
1050 CARIBBEAN WAY
MIAMI FL 33132

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
S
MCDONALD, JAMES E.
201 S. Biscayne Blvd. 22nd Fl
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PDC
HUMMERHIELM, LARS A
14880 SW 149 ST
MIAMI FL 33196

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
T
LANCASTER, KENNETH M.
50 West Mashta DR, #6
Key Biscayne, FL 33148

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
~~D~~
~~EKMAN, NILS~~
~~153 SEVILLA AVENUE~~
~~CORAL GABLES FL 33134~~

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
VP
HELLMAN, GORAN
2053 Montpelier
Ft. Lauderdale, FL 33326

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
STENSTROM, KARL
153 SEVILLA AVENUE
CORAL GABLES FL 33134

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
D
KAPPELIN, ERIK
153 Sevilla Avenue
Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KINDELL, ROLAND
2010 N MIAMI AVE
MIAMI FL 33127

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
D
PERSSON, KARL-AXEL
153 Sevilla Avenue
Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KUIKKA, ANDERS
150 N MICHIGAN AVE, STE 1200
CHICAGO IL 60601-7594

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

2/25/97 305/443-3558

Date Daytime Phone #

CR2E034 (9/96)