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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000057968

1. Corporation Name
DICE IMPORT INC.

Principal Place of Business
1910 NORTHWEST 18TH STREET
BAY 10
POMPANO BEACH, FL 33069

Mailing Address
1910 NORTHWEST 18TH STREET
BAY 10
POMPANO BEACH, FL 33069



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1998

2. Principal Place of Business

21 **4701. N Federal HWY.**

Suite, Apt. #, etc.

22 **Suite 470**

City & State

23 **Lighthouse Point. FL**

Zip Country

24 **33064**25 **USA**

2a. Mailing Address

26 **4701. N. Federal HWY**

Suite, Apt. #, etc.

27 **Suite 470**

City & State

28 **Lighthouse Point. FL**

Zip Country

29 **33064**

30

4. FEI Number

65-0847224

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes☐ No

9. Name and Address of Current Registered Agent

HANSEN, WILLY
1910 NORTHWEST 18TH STREET
BAY 10
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reappointing)

DATE

02/01-99.

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE

NAME Einar Lamoy

STREET ADDRESS 4701. N. Fed.Hwy. Suite 470

CITY-ST-ZIP Lighthouse Point FL 33064

TITLE Vicepresident ☐ DELETE

NAME Bjorn Stokke

STREET ADDRESS 4701 N. Fed. Hwy. Suite 470

CITY-ST-ZIP Lighthouse Point FL 33064

TITLE Secretary/Mgr. ☐ DELETE

NAME Willy Hansen

STREET ADDRESS 1910 NW 18th Street

CITY-ST-ZIP Pompano Beach, Fl. 33069

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01-99.

Date

Daytime Phone #

CR2E034 (1/1/98)