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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V05884** **(4)**

1. Corporation Name

SCANDINAVIAN CONTAINER SERVICES INC. (INTERNATIONAL)

Principal Place of Business	Mailing Address
% W.H. STILES 4500 BISCAYNE BLVD.. SUITE 345 MIAMI FL 33137	% W.H. STILES 4500 BISCAYNE BLVD.. SUITE 345 MIAMI FL 33137

3. Date Incorporated or Qualified: 01/10/1992
3a. Date of Last Report: 02/28/1995

2. Principal Place of Business
21 4500 BISCAYNE BLVD.
Suite, Apt. #, etc.
22 SUITE 345
City & State
23 MIAMI, FLORIDA
Zip 24 33137 Country 25 DADE

2a. Mailing Address
26 P. O. BOX 53-0766
Suite, Apt. #, etc.
27
City & State
28 MIAMI SHORES, FLORIDA
Zip 29 33153 Country 30 DADE

4. FEI Number: 65-0345662 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STILES, W.H.
4500 BISCAYNE BLVD.
SUITE 345
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name: ERIK MARGARD
82 Street Address (P.O. Box Number is Not Acceptable): 4500 BISCAYNE BLVD.
83 SUITE 345
84 City: MIAMI FL 85 Zip Code: 33137

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: _____ ERIK MARGARD, PRESIDENT APRIL 10, 1996
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	DPT MARGARD, ERIK 4500 BISCAYNE BLVD. #345 MIAMI FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STILES, W. H 4500 BISCAYNE BLVD. #345 MIAMI FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ ERIK MARGARD DIRECTOR APRIL 10, 1996 305-381-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)