FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 24 PM 12: 02 DOCUMENT # V39522 (0) SECRETARY OF STATE TALLAHASSEE, FLORIDA ERIK PETERSSON & CO., INC. Principal Place of Business Mailing Address 21 SW 15TH RD. 1845 ROBSON ST SUITE G-24 #302 **MIAMI FL 33129** VANCOUVER V6G 1EH, CANADA 3. Date Incorporated or Qualified 3a. Date of Last Report 05/15/1992 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0343451 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country. Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RI Name PETERSSON, BERTIL I 21 SW 15TH RD STREET **B**2 Street Address (P.O. Box Number is Not Acceptable) SUITE G-24 **MIAMI FL 33129** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Horida 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 Horida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS _13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELET Change 11 TITLE . Addition PETERSSON, BERTIL I NAME 1.2 NAME 1845 ROBSON SI #302 STREET ADORESS 1.3 STREET ADDRESS VANCOUVER, B.C. V6G 1EH CAN. CITY-ST-ZIP 1.4 CITY-S1-7IP TITLE Đ DITELE 100002507[81 21 TITLE Addition CARL KESSER NAME 2.2 NAME <u> 05/01/98--01008--013</u> 21 S.W. 15 (4.120. * STREET ADORESS 2.3 SIRLET ADDRESS ****165.00 ****165.00 NIMMI, FL. CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE TITLE Addition 3.1 11TLE Change NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CiTY-ST-7IP TITLE DELETE Change 4.1 3ITLE ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 THEE Change ☐ Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE TITLE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 eath, that I am an officer or director of the corporation or the receiver or trustock powered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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SIGNATURE

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