

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

**FILED**  
**Apr 28 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000080420 (0)**  
 1. Corporation Name  
**FINNEXPORT INC.**



Principal Place of Business <b>2708 27TH WAY WEST PALM BEACH FL 33407</b>	Mailing Address <b>2708 27TH WAY WEST PALM BEACH FL 33407</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6096 STRAWBERRY LAKES CIR.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>6096 STRAWBERRY LAKES CIR.</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>10/31/1994</b>	4. FEI Number <b>65-0539602</b> Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 <b>LAKE WORTH, FL</b> City & State	28 <b>LAKE WORTH, FL</b> City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 <b>33463</b> Zip	25 <b>USA</b> Country	29 <b>33463</b> Zip	30 <b>USA</b> Country
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>POLVIKOSKI, AKI 2708 27TH WAY WEST PALM BEACH FL 33407</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
			<b>FL</b> 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 *Alex R* DATE **4/21/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLVIKOSKI, AKI</b>	1.2 NAME	
STREET ADDRESS	<b>2708 27TH WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BCH. FL 33402</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIVIRAUTA, KIRSI</b>	2.2 NAME	<b>POLVIKOSKI, VOITTO</b>
STREET ADDRESS	<b>2708 27TH WAY</b>	2.3 STREET ADDRESS	<b>6096 STRAWBERRY LAKES CIRCLE</b>
CITY-ST-ZIP	<b>W. PALM BCH. FL 33402</b>	2.4 CITY-ST-ZIP	<b>LAKE WORTH, FL 33463</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 address.

SIGNATURE: *Alex R* DATE: **4/21/98** (561) 642-2730

CR2E034 (10/97)