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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000042723 (4)

U.S. NORDIA INVEST, INC.

Principal Plac	e of Business	Mailing Address			i (nations iin chini diffis hans abitt deiti	i anstri midila trace tahih	11000 1111 1001
313A SEABO		313A SEABOARD AVE			4		
VENICE FL 34292 VENICE FL 34292 US US					DO NOT WRITE IN THIS SPACE		
"		•			3. Date incorporated or Qualified		
<u> </u>					06/08/1994		
	lace of Business	2a. Mailing Address			4. FEI Number	 -	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.			65-0499711	60 76	Not Applicable Additional
22	., -,-	27			5. Certificate of Status Desired		Required
City & State	в	City & State			6. Election Campaign Financing	\$5.0	O May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid		Intangible No
24	9. Name and Address of Curre		<u> 0 </u>		Personal Property Tax due June 3 10. Name and Address of New Reg		LJ INO
, ,	KEVIN DRAKE, ESQ.		81 Nar	ne			
	13 MAIN STREET		82 Stre	ot Addro	ess (P.O. Box Number is Not Acceptable	۵۱	
	ITE 204		0. 30.6	et Mudie	sss (P.O. Box Number is 140) Acceptable	"	
	RASOTA FL 34236		83			<u> </u>	
]			84 City			- 85 Zi	p Code
					pration submits this statement for the pu	FL S 2	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NOTE: I	thorized by the ode Statutes. Registered Agent signs			DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D CONTRACTOR OF THE CO	DELETE	1.1 TITLE			Change	Addition
NAME STREET ADDRESS	KOPONEN, HANNU O 313-A SEABOARD AVE		1.2 NAME 1.3 STREET ADDRES				
CITY-ST-ZIP	VENICE FL		1.4 CITY-ST-ZIP	»			
TITLE	M	DELETE	2.1 TITLE	 		Change	Addition
NAME	VIDAS, JOHN M.		2.2 NAME				
STREET ADDRESS	313-A SEABOARD AVE		2.3 STREET ADORE	is]			
CITY-ST-ZIP	VENICE FL		2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	-		Change	Addition
NAME			3.2 NAME	_			
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRES 3.4. CITY - ST - ZIP	»			
TITLE		DELETE	4.1 TITLE	+-		Change	Addition
NAME		<u> </u>	4. 2 NAME	1			
STREET ADDRESS			4.3 STREET ADDRES	s			
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRES	s			
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP			Change	Addition
TITLE		☐ Derest	6.1 TITLE			☐ change	L ACCURON

I 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 oath; that I am an officer or director of the coveration 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 on an attachment with an address.

SIGNATURE

CITY-ST-ZIP

Print

4/23/17 941-483-4491

FILED

Apr 30 1998 8:00am

Secretary of State