


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <del>Sandra B. Mortham</del> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750066** (3)  
1. Corporation Name  
**KARINA APARTMENTS, INC.**



Principal Place of Business <b>958 S DIXIE HWY LANTANA FL 33462 US</b>	Mailing Address <b>958 S DIXIE HWY LANTANA FL 33462-4653 US</b>	3. Date Incorporated or Qualified <b>12/06/1979</b>	3a. Date of Last Report <b>03/22/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-2033264</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>JAAKKOLA, ANNE 958 S DIXIE HWY LANTANA FL 33462</b>		10. Name and Address of New Registered Agent		
<b>81</b>	Name			
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)			
<b>83</b>				
<b>84</b>	City	<b>FL</b>	<b>85</b>	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 <b>DT</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>DT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PEKKA MAIJANEN</b>		1.2 NAME <b>Pekka Mairanen</b>	
STREET ADDRESS <b>510 24TH AVE. NO. #403</b>		1.3 STREET ADDRESS <b>510 24TH AVE. NO. #403</b>	
CITY-ST-ZIP <b>LAKE WORTH FL</b>		1.4 CITY-ST-ZIP <b>Lake Worth # 133460</b>	
TITLE <b>DT</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ARPONEN KARI</b>		2.2 NAME <b>OSUI NIEMI</b>	
STREET ADDRESS <b>1009 N ST</b>		2.3 STREET ADDRESS <b>510 24TH AVE. NO.</b>	
CITY-ST-ZIP <b>LAKE WORTH FL</b>		2.4 CITY-ST-ZIP <b>LAKE WORTH FL 33460</b>	
TITLE <b>DVP</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KOIVISTO, PENTTI</b>		3.2 NAME <b>THOMAS DOONAN SA.</b>	
STREET ADDRESS <b>510 N. 24TH AVE.</b>		3.3 STREET ADDRESS <b>510 24TH AVE. NO.</b>	
CITY-ST-ZIP <b>LAKE WORTH FL</b>		3.4 CITY-ST-ZIP <b>LAKE WORTH FL 33460</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>V/P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>OIVERSTROM, CLAS</b>		4.2 NAME <b>EINO KORONEN</b>	
STREET ADDRESS <b>510 24TH AVE. NO. #605</b>		4.3 STREET ADDRESS <b>510 24TH AVE. NO.</b>	
CITY-ST-ZIP <b>LAKE WORTH FL</b>		4.4 CITY-ST-ZIP <b>LAKE WORTH FL 33460</b>	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SAHADI, VAINO</b>		5.2 NAME <b>Vaino Sahari</b>	
STREET ADDRESS <b>5917 VIA VERMILYA ST. #B405</b>		5.3 STREET ADDRESS <b>5917 Via Vermilya St # B405</b>	
CITY-ST-ZIP <b>LANTANA FL</b>		5.4 CITY-ST-ZIP <b>Lantana # 133462</b>	
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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pekka Mairanen 3/17/97

CR2E037 (9/96)