CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:34

DOCUMENT # S11308 (1)

1. Corporation Name
KARELIANS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1820 N. PALMWAY LAKE WORTH FL 33460-6647	1820 N. PALMWAY LAKE WORTH FL 33460-6647

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/07/1990
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21: 5917 VIA VERMILIA
Suite, Apt. #, etc.
22: APT. B 405
City & State
23: LANTANA, FL
Zip
24: 33462
Country
25: PALM BEACH

2a. Mailing Address
26: SAME AS PRINCIPAL
Suite, Apt. #, etc.
27: ADDRESS
City & State
28:
Zip
29:
Country
30:

4. FEI Number: 65-0226386 ☐ 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

MILLER, TERTTU
1820 N. PALMWAY
LAKE WORTH FL 33460-6647

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	CD	☐ Change ☑ Addition
NAME	LAHTELA, OLAVI	12 NAME	SAHARI, VAINO	
STREET ADDRESS	117 N LAKESIDE DR	13 STREET ADDRESS	5917 VIA VERMILYA, APT B 405	
CITY-ST-ZIP	LAKE WORTH FL	14 CITY-ST-ZIP	LANTANA, FL 33462-2440	
TITLE	ACD	21 TITLE	ACD	☐ Change ☑ Addition
NAME	MILLER, TERTTU	22 NAME	LEPONEN, EINO	
STREET ADDRESS	1820 N. PALM WAY	23 STREET ADDRESS	510 24TH AVE. N. # 40L	
CITY-ST-ZIP	LAKE WORTH FL	24 CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	JOKINEN, EILA	32 NAME		
STREET ADDRESS	319 S STR #2	33 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	ISOKSELA, REIJO	42 NAME		
STREET ADDRESS	ARUBA ARMS, 1401 FEDERAL HWY	43 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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 above, or on an attachment with an address.

SIGNATURE: [signature] 3.27.1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number #