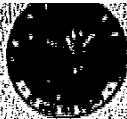


**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # S11308

(1)

95 MAR 31 AM 11:34

1. Corporation Name

KARELIANS OF FLORIDA, INC.

Principal Place of Business

**1820 N. PALMWAY
LAKE WORTH FL 33460-6647**

Mailing Address

**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

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

2. Principal Place of Business

21 **5917 VIA VERMILIA**

2a. Mailing Address

26 **SAME AS PRINCIPAL**

Suite, Apt. #, etc.

22 **APT. B 405**

Suite, Apt. #, etc.

27 **ADDRESS**

City & State

23 **LAKE WORTH, FL**

City & State

28 **LAKE WORTH, FL**

Zip

24 **33462**

Country

25 **FLORIDA**

Zip

29 **33462**

Country

30 **USA**

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	LANTELA, OLAVI
STREET ADDRESS	117 N LAKESIDE DR
CITY-ST-ZIP	LAKE WORTH FL
TITLE	ACD
NAME	MILLER, TERTTU
STREET ADDRESS	1820 N. PALM WAY
CITY-ST-ZIP	LAKE WORTH FL
TITLE	SD
NAME	JOKINEN, EILA
STREET ADDRESS	319 S STR #2
CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE	TD
NAME	ISOXSELA, REIJO
STREET ADDRESS	ARUBA ARMS, 1401 FEDERAL HWY
CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	☐ Change ☒ Addition
1.2 NAME	SAHARI, VAINO	
1.3 STREET ADDRESS	5917 VIA VERMILIA, APT B 405	
1.4 CITY-ST-ZIP	LAKE WORTH, FL 33462-2440	
2.1 TITLE	ACD	☐ Change ☒ Addition
2.2 NAME	LOPONEN, EINO	
2.3 STREET ADDRESS	SIO 24TH AVE. N. # 402	
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33460	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(b), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

3.27.1995

Date

Signature Number