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Jun 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000001445 (3)

1. Corporation Name

FINLANDIA DAYS, INC.



Principal Place of Business

Mailing Address

2097 CIRCLE PLACE
LANTANA FL 33462

POST OFFICE BOX 969
LAKE WORTH FL 33460-0969

3. Date Incorporated or Qualified
03/15/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

SCHOLIN, CHRISTIAN N
224 DATURA STREET STE 1100
WEST PALM BEACH FL 33401

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME KALERVO, KAARLO A
STREET ADDRESS 2097 CIRCLE PLACE DRIVE
CITY-ST-ZIP LANTANA FL 33462

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME JARVI, DAVID
1.3 STREET ADDRESS 461 N.E. 46TH ST.
1.4 CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D ☐ DELETE
NAME KALERVO, KAIJA R
STREET ADDRESS 2097 CIRCLE PLACE DRIVE
CITY-ST-ZIP LANTANA FL 33462

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME CAVUOTO, ANNELI
2.3 STREET ADDRESS 1219 PALAMA WAY
2.4 CITY-ST-ZIP LANTANA, FL 33462

TITLE D ☐ DELETE
NAME KNUITS, MAIRE
STREET ADDRESS 2207 SW 20TH WAY
CITY-ST-ZIP BOYNTON BEACH FL 33426

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME KILPO, PIIRKKO
3.3 STREET ADDRESS 6560 PAUL MAR DR.
3.4 CITY-ST-ZIP LANTANA, FL 33462

TITLE D ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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

KARLO A. KALERVO

CR2E037 (9/96)