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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003466

1. Corporation Name

FINLANDIA WEEK, INC.

Principal Place of Business	Mailing Address
505 S FLAGLER DR. STE 1001 WEST PALM BEACH FL 33401	505 S FLAGLER DR. STE 1001 WEST PALM BEACH FL 33401

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed 06/15/1998
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0844029 / Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ / $8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ / $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHOLIN, CHRISTIAN N 505 S FLAGLER DR, STE 1001 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	1.1 TITLE	D	☒ Change ☐ Addition
NAME	KUUTTI, TOM		1.2 NAME	PURANEN, JORMA	
STREET ADDRESS	1784 N CONGRESS AVE		1.3 STREET ADDRESS	1085 WYNNDALE WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		1.4 CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	JOKELA, ESA		2.2 NAME	KALENIUS, EERO	
STREET ADDRESS	1 LOCHWICK RD		2.3 STREET ADDRESS	915 LEHTO LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		2.4 CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	PURANEN, JORMA		3.2 NAME	NYHOLM, HANS	
STREET ADDRESS	1108 5TH AVE N, BAY 26 & 27		3.3 STREET ADDRESS	1127 SOUTH FEDERAL HWY	
CITY-ST-ZIP	LAKE WORTH FL 33460		3.4 CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	D	☒ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	RUUHALA, KAREN		4.2 NAME		
STREET ADDRESS	1010 SOUTH "N" ST, #204		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	RANTA, PETER		5.2 NAME		
STREET ADDRESS	900 S US HWY 1, STE 400		5.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33477		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: ___SIGNATURE REQUIRED___   4/30/99   561-586-4989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)