FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jun 02 1997 8:00am Secretary of State

DOCUMENT # P07437

Mana Products, Inc.

Principal Place of Business

Mailing Address

32-02 Queens Boulevard Long Island City, New York 11101-2332

	ong island orly, new i	OIR TITOL 255	_			3. Date Incorporated or Qualified	3a. D:	ate of Last R	eport
						September 16, 198	5 1	996	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
7		26				13-2832494		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-			5. Certificate of Status Desired		\$8.75	Additional
27						5. Certificate of Status Desired		Fee Re	quired
City & State City & State						6. Election Campaign Financing	_	\$5.00	May Be
28						Trust Fund Contribution	<u>, Ц</u>	Added t	o Fees
Zip	Country	Zip	 	intry		8. This corporation has trability for i			199.032,
4		29	30	,			Yes [
· · · · · · ·	9. Name and Address of Current R	egistered Agent				10. Name and Address of New Re	gistered	Agent	
				81 Name	Cor	poration Service Con	npany		
Pre		82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street							
			120	1 Hays Street					
1201		83							
Tall	lahassee, florida 3230	λŢ		84 City				85 Zip (Podo.
				UILY UILY	Ta1	lahassee,	FL	$\begin{vmatrix} 85 & 76 & 32 & 3 \\ 32 & 32 & 3 \end{vmatrix}$	ĬŎĨ
11. Pursuant	to the provisions of Sections 607.0502 a	nd 607.1508, Florida Statut	tes, the a	nove named	corno	ration cultimite this statement for the s	urpose o	f chang no it	s registered
office or r	to the provisions of Sections 607.0502 at registered agent, or both, in the State of t im familiar with, and accept the obligation	Florida Such change was a	authorize	d by the corp	ooratio	on's board of directors. I hereby accep	of the app	ointment as	registered
		Section do 1.000	>57			<	70	9/9-	7
SIGNATURE	Signature, typed or printed name of registered agent ar	d tilk: il eurolicable (NO)		- ,	required	d when reinstating)	DATE	44	′
12.	OFFICERS AND D		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12
TITLE	President/Director	DELETE	1.1 TI	TLE				Change	Addition
NAME			1.2 N	AME					
STREET ADDRESS	Nikos Mouyiaris			1.3 STREET ADDRESS					
	425 East 58th Street,			1.4 CITY- ST- ZIP					
CITY-ST-ZIP TITLE	New York, New York 10022			2.1 TITLE				Change	Addition
			2 2 N					La consign	
NAME									
STREET ADDRESS				IREE1 ADDRESS					
CITY - ST - ZIP		DELETE		ITY-ST-ZIP				Change	Addition
TITLE	Vice-President/Direc	tor		ILF .				□ Change	L_J Aggiligh
NAME	Carol Mouyiaris		3 2 N						
STREET ADDRESS	425 East 58th Street		1	TREET ADDRESS					
CITY+SI-ZIP	New York, New York 1	<u> </u>	_	ity - S1 - ZIP					
TITLE		DELETE	411	TLE				Change	Addition
NAME			4 2 N	AME					
STREET ADDRESS			438	TREET ADDRESS					
CITY - ST - ZIP	Tidas - Bra	04d004	4.4 C	ITY-\$1-7#					
TITLE	Barburavnovick Pre	PTGEIL DITEIL	5.1 1	TLE				☐ Change	Addition
NAME.	32-02 Queens Blvd		52N	AME			101	-// ^	
STREET ADDRESS			535	IREE1 ADDRESS		<	H	(d)	100
CITY-ST-ZIP	Long Island City,	NY 11101		ITY-S1-ZIP		· ·	///	44 ~/	(フ.)
HILL		DELETE	6170			والمراجع والمناج والمناج والمناج والمناج والمناج والمناج	L.,	Change	Addition
NAME		-	62 N			80000220 -06/10/97010		ojo To	
				TREET ADDRESS		-06/10/3/010	100	46	
STREET ADDRESS						***165.00			
CITY-ST-ZIP			64C	11y - ST - ZIP	1				

14. Too 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 eath; 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 if changed or on an attachment with an address.

SIGNATURE:

OR PRINTED MANE OF COMING OFFICER OR DIRECTOR

Daytein Phone #