FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 21 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P39913 (9)

1. Corporation Name
KAMEWA USA INC.

Principal Place of Business	Mailing Address
3801 S.W. 47TH AVE. SUITE 507 FT. LAUDERDALE FL 33314-2816 US	3801 S.W. 47TH AVE. SUITE 507 FT. LAUDERDALE FL 33314-2816 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/29/1992
3a. Date of Last Report: 08/12/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 52-1600256 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	JENSEN, INGAR	1.2 NAME		
STREET ADDRESS	ENBACKSGATAN 2	1.3 STREET ADDRESS		
CITY-ST-ZIP	S-65469, KARLSTAD, SWEDEN	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE		☐ Change ☐ Addition
NAME	MATS, HEDLUND	2.2 NAME		
STREET ADDRESS	16 GREENLEAF COURT	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST CATHARINES, ONT CANADA L2M7E-2	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	RUDLING, CLAES	3.2 NAME		
STREET ADDRESS	ROSENBORGSVAGEN 12	3.3 STREET ADDRESS		
CITY-ST-ZIP	S-66302, HAMMOARO, SWEDEN	3.4 CITY-ST-ZIP	S-66302,Hammaro, Sweden	
TITLE	S	4.1 TITLE		☒ Change ☐ Addition
NAME	ASCHER, DAVID M	4.2 NAME		
STREET ADDRESS	125 CHUBB AVENUE	4.3 STREET ADDRESS	Mack Center III,140 East Ridgewood	
CITY-ST-ZIP	LYNDHURST, NJ 07071	4.4 CITY-ST-ZIP	Ave, Fifth Floor North Tower	
TITLE	T	5.1 TITLE	Paramus, NJ 07652	☐ Change ☐ Addition
NAME	DEANGELIS, DENNIS J	5.2 NAME		
STREET ADDRESS	125 CHUBB AVENUE	5.3 STREET ADDRESS	Mack Center III,140 East Ridgewood	
CITY-ST-ZIP	LYNDHURST, NJ 07071	5.4 CITY-ST-ZIP	Ave, Fifth Floor North Tower	
TITLE		6.1 TITLE	Paramus, NJ 07652	☒ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 if changed, or on an attachment with an address.

SIGNATURE: Mats Hedlund 3/02/95 305-581-2780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0223347 CP