

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

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90007 034 ***558.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39913

1. Corporation Name
KAMEWA AMERICA, INC.



Principal Place of Business 324 S. UNIVERSITY DRIVE PLANTATION FL 33324 US	Mailing Address 324 S. UNIVERSITY DRIVE PLANTATION FL 33324 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 106 Park Place Suite, Apt. #, etc. 22 Suite 200 City & State 23 Covington, LA Zip 24 70433 Country 25 USA		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 as City & State 28 Principal Place Zip 29 Country 30		3. Date Incorporated or Qualified 07/29/1992	4. FEI Number 52-1600256	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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	DVP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Treasurer	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEDLUND, MATS			1.2 NAME	Larry Stanberry		
STREET ADDRESS	10884 N.W. 5TH STREET			1.3 STREET ADDRESS	125 Maple Circle		
CITY-ST-ZIP	PLANTATION FL 33324			1.4 CITY-ST-ZIP	Slidell, LA 70458		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JENSEN, INGER			2.2 NAME			
STREET ADDRESS	ENBACKAGATAN 2, S-65469			2.3 STREET ADDRESS			
CITY-ST-ZIP	KARSTAD, SWEDEN			2.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEANGELIS, DENNIS J			3.2 NAME			
STREET ADDRESS	553 FLETCHER AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORADELL NJ			3.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ASCHER, DAVID M			4.2 NAME			
STREET ADDRESS	300 HIGHLAND ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	SOUTH ORANGE NJ 07079			4.4 CITY-ST-ZIP			
TITLE	Harri Vedder - President	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	106 Park Place Suite 200			5.2 NAME			
STREET ADDRESS	Covington, La. 70433			5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	Secretary	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	William M. Poole			6.2 NAME			
STREET ADDRESS	9580 Marsh Cove Ct.			6.3 STREET ADDRESS			
CITY-ST-ZIP	Atlanta, GA. 30350			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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Larry Stanberry **LARRY STANBERRY** 5/11/99 (504) 871-3900

CR2F034 (11/98)