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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 12 1997 8:00am

Secretary of State

Ternal Chester 7/1/2/1800 483-4491

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000042723 (4)

U.S. NORDIA INVEST, INC.

SIGNATURE

Principal Place of Business Mailing Address 313A SEABOARD AVE 313A SEABOARD AVE VENICE FL 34282-2624 VENICE FL 34292 3. Date Incorporated or Qualified 3a. Date of Last Report 06/08/1994 04/30/1996 2. Principal Prace of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0499711 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent J. KEVIN DRAKE, ESQ. 81 Name 1343 MAIN STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 204 83 SARASOTA FL 34236 84 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition KOPONEN, HANNU O NAME 1.2 NAME 313-A SEABOARD AVE 1.3 STREET ADDRESS STREET ADORESS VENICE FL レタルipp ドレ・34292 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition KALKAS, MARTTI J. NAME 2.2 NAME 313-A SEABOARD AVE 2.3 STREET ADDRESS STREET ADDRESS **VENICE FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ■ Addition 3.1 TITLE Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-7/P DELETE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP THLE DELETE 6.1 TITLE Change Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF 6.4 CITY - ST- ZIP 14. I do hereby certify that the information supplied with this filling 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 3 if mailged, or on an attachment with an address.