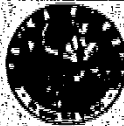


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V50825

(1)

1. Corporation Name

GRECO-NORSK U.S.A., INC.

Principal Place of Business

Mailing Address

**18524 N.W. 67 AVE
SUITE 280
MIAMI FL 33015**

**18524 N.W. 67 AVE
SUITE 280
MIAMI FL 33015-0051**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/15/1992

3a. Date of Last Report

04/28/1994

4. FEI Number

65-0346017

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. 109.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1100 Lee Wagener Bd.

26 18524 N.W. 67 AVE #280

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 340

27

City & State

City & State

23 FT. LAUDERDALE FL

28

Zip

Country

Zip

Country

24 33315

25 USA

29 33015

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN, R. KEITH
18524 N.W. 67 AVE.
SUITE 280
MIAMI FL 33015-0051**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

18524 N.W. 67 AVENUE

83 # 280

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 fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
VALVATNE, KAREN
18524 N.W. 67TH AVE. 280
MIAMI FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**VICE PRESIDENT
PETER DAKIS
18524 N.W. 67 AVENUE #280
MIAMI FL 33015**
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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 110.07(3)(b), 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: Karen H. Valvatne

KAREN VALVATNE

APRIL 12, 1995 305-359-7982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone Number