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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:17

DOCUMENT # **V65980** **(7)**

1. Corporation Name
FINLANDIA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2385 NW 34TH AVE. COCONUT CREEK FL 33066 US	2385 NW 34TH AVE. COCONUT CREEK FL 33066 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/23/1992**
3a. Date of Last Report: **05/01/1994**

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: **65-0329603** ☐ 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

LEENA MAKILA
2385 NW 34TH AVE.
COCONUT CREEK FL 33066

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: Leena Makila — 3/20/95
(Signature, typed or printed name of registered agent and title if applicable) (MUST be Registered Agent's signature if name is listed above) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	VOUTILA, JUKKA	12 NAME	Voutila, Jukka	
STREET ADDRESS	2385 NW 34TH AVE.	13 STREET ADDRESS	(not Director anymore)	
CITY-ST-ZIP	COCONUT CREEK FL	14 CITY-ST-ZIP		
TITLE	P	21 TITLE	D	☒ Change ☐ Addition
NAME	MAKILA, LEENA	22 NAME	Koppanen, Martti	
STREET ADDRESS	2385 NW 34TH AVE.	23 STREET ADDRESS	(not Director anymore)	
CITY-ST-ZIP	COCONUT CREEK FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	KOPPANEN, MARTTI	32 NAME		
STREET ADDRESS	VESIJARVENKATU 5-7 D 41	33 STREET ADDRESS		
CITY-ST-ZIP	FINLAND EU	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I/We 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: Leena Makila — Leena Makila — 3/20/95 — (305) 9798525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0110044 CP