

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P13000008029

**Entity Name:** LOIPART USA, INC.

**Current Principal Place of Business:**

3921 SW 47TH AVENUE  
SUITE 1004  
DAVIE, FL 33314

**Current Mailing Address:**

3921 SW 47TH AVENUE  
SUITE 1004  
DAVIE, FL 33314 US

**FEI Number:** 80-0888364

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANFACON, SONIA M  
3921 SW 47TH AVENUE  
SUITE 1004  
DAVIE, FL 33314 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** SONIA M. SANFACON

04/21/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name JOKINEN, JUHA  
Address EURANTIE 26  
City-State-Zip: EURA FI 27510

Title VP  
Name LEHTINEN, TEEA  
Address NORDENSKIOLDSGATAN 3A  
City-State-Zip: GOTHENBURG SE 41309

Title DIRECTOR  
Name SANFACON, SONIA M  
Address 4657 SW 28TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33312

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SONIA M. SANFACON

**DIRECTOR**

04/21/2015

Electronic Signature of Signing Officer/Director Detail

Date