

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000427

FILED
Mar 23, 2004
Secretary of State

Entity Name: OLYMPUS LATIN AMERICA, INC.

Current Principal Place of Business:

6100 BLUE LAGOON DRIVE, SUITE 390
MIAMI, FL 331262087

New Principal Place of Business:

Current Mailing Address:

6100 BLUE LAGOON DRIVE, SUITE 390
MIAMI, FL 331262087

New Mailing Address:

FEI Number: 01-0552457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: KUROIWA, NOBUKAZU
Address: 6100 BLUE LAGOON DRIVE, SUITE 390
City-St-Zip: MIAMI, FL 331262087

Title: ST () Delete
Name: CORZO, VICTOR RAMON
Address: 6100 BLUE LAGOON DRIVE, SUITE 390
City-St-Zip: MIAMI, FL 331262087

Title: D () Delete
Name: GUMZ, MARK
Address: 6100 BLUE LAGOON DRIVE, SUITE 390
City-St-Zip: MIAMI, FL 331262087

Title: D () Delete
Name: FURIHATA, HIROYUKI
Address: 6100 BLUE LAGOON DRIVE, SUITE 390
City-St-Zip: MIAMI, FL 331262087

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: HLADEK, BRIAN
Address: 6100 BLUE LAGOON DRIVE, SUITE 390
City-St-Zip: MIAMI, FL 331262087

Title: PCD (X) Change () Addition
Name: CORZO, VICTOR RAMON
Address: 6100 BLUE LAGOON DRIVE, SUITE 390
City-St-Zip: MIAMI, FL 331262087

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MORISHIMA, HARUHITO
Address: 6100 BLUE LAGOON DRIVE, SUITE 390
City-St-Zip: MIAMI, FL 331262087

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRIAN HLADEK

ST

03/23/2004

Electronic Signature of Signing Officer or Director

_____ Date