

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90089 009 \*\*\*150.00

DOCUMENT # F98000001886

1. Corporation Name

MATSUSHITA ELECTRIC LATIN AMERICA, INC.

Principal Place of Business

9100 S. DADELAND BLVD., SUITE 702  
MIAMI FL 33156

Mailing Address

9100 S. DADELAND BLVD., SUITE 702  
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1998

4. FEI Number

APPLIED FOR 65 0823493

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO  
NAME MURATA, HITOSHI  
STREET ADDRESS 3-2, MINAMISEMBA 4-CHOME, CHUO-KU, OSAKA  
CITY-ST-ZIP 542 JAPAN

☒ DELETE

TITLE TD  
NAME KASAI, MISAO  
STREET ADDRESS 3-2, MINAMISEMBA 4-CHOME, CHUO-KU, OSAKA  
CITY-ST-ZIP 542 JAPAN

☐ DELETE

TITLE COOD  
NAME MIZUNO, SHIGERU  
STREET ADDRESS 9100 S. DADELAND BLVD., SUITE 702  
CITY-ST-ZIP MIAMI FL 33156

☒ DELETE

TITLE CMO  
NAME FUJITA, KAZUHISA  
STREET ADDRESS 9100 S. DADELAND BLVD., SUITE 702  
CITY-ST-ZIP MIAMI FL 33156

☒ DELETE

TITLE S  
NAME MARIN, ROBERT S  
STREET ADDRESS ONE PANASONIC WAY  
CITY-ST-ZIP SECAUCUS NJ 07094

☐ DELETE

TITLE AS  
NAME WEINGARTEN, STEPHEN C  
STREET ADDRESS ONE PANASONIC WAY  
CITY-ST-ZIP SECAUCUS NJ 07094

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCEO  
1.2 NAME YOKOYAMA, YASUHIKO  
1.3 STREET ADDRESS 3-2, MINAMISEMBA 4-CHOME, CHUO-KU, OSAKA  
1.4 CITY-ST-ZIP 542 JAPAN

☐ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE EVP&COOD  
3.2 NAME Aoike, ISAO  
3.3 STREET ADDRESS 9100 S DADELAND BLVD., SUITE 702  
3.4 CITY-ST-ZIP MIAMI, FL 33156

☐ Change

☒ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Isao Aoike

4/28/99

(305)670-0087 x617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)