2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000427

Entity Name: OLYMPUS LATIN AMERICA, INC.

Current Principal Place of Business:

5301 BLUE LAGOON DRIVE, SUITE 290

MIAMI. FL 33126-2087

Current Mailing Address:

5301 BLUE LAGOON DRIVE, SUITE 290

MIAMI, FL 33126 US

FEI Number: 01-0552457 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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: GARY SHERMAN 04/07/2016

> Date Electronic Signature of Registered Agent

> > Title

Officer/Director Detail:

Title **SECRETARY** Title PRESIDENT, DIRECTOR MILLER, DONNA ABUDO, LUIS ANTONIO Name Name

3500 CORPORATE PARKWAY Address Address 5301 BLUE LAGOON DRIVE, SUITE

TREASURER

FILED Apr 07, 2016

Secretary of State

CC9758158588

Date

CENTER VALLEY PA 18034 City-State-Zip: City-State-Zip: MIAMI FL 33126

Title COO, DIRECTOR

Name HIROKUNI, HIBI Name LACROIX, PIERRE

Address 5301 BLUE LAGOON DRIVE, SUITE 3500 CORPORATE PARKWAY Address

290

City-State-Zip: CENTER VALLEY PA 18034 MIAMI FL 33126 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

Name SATO, SHUNICHI Name ABIA, NACHO

Address 3500 CORPORATE PARKWAY Address 3500 CORPORATE PARKWAY City-State-Zip: CENTER VALLEY PA 18034 City-State-Zip: CENTER VALLEY PA 18034

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.

04/07/2016 SIGNATURE: PIERRE LACROIX **CFO**