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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 PM 12:17

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P30396 (6)

1. Corporation Name

ITOCHU LATIN AMERICA, S.A.

Principal Place of Business	Mailing Address
% PENINSULA REGISTERED AGENTS, INC. ~~200 SE FIRST STREET (PENTHOUSE)~~ MIAMI FL 33131	% PENINSULA REGISTERED AGENTS, INC. ~~200 SE FIRST STREET (PENTHOUSE)~~ MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1990	3a. Date of Last Report: 03/08/1994
4. FEI Number: 65-0206028	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	

2. Principal Place of Business	2a. Mailing Address
21 200 S. Biscayne Blvd.	26 200 S. Biscayne Blvd.
22 Suite, Apt. #, etc. # 4800	27 Suite, Apt. #, etc. # 4800
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PENNINSULA REGISTERED AGENTS, INC.
~~200 S.E. FIRST STREET~~
~~PENTHOUSE~~
MIAMI FL 33131

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd.
63 Ste 4800
64 City: FL / 65 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 _____ DATE
Signature, typed or printed name of registered agent and the date signed (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☐ Change ☐ Addition
NAME	TSUTSUI, SHIGEKI	12 NAME	TANAKA, HIROYASU
STREET ADDRESS	RUA RAFAEL DE BARROS 387	13 STREET ADDRESS	AV. RUI BARBOSA, 248-11 ANDAR
CITY ST ZIP	BRASIL	14 CITY ST ZIP	FLAMENGO, RIO DE JANERIO-BRASIL
TITLE	PD	21 TITLE	PD ☐ Change ☐ Addition
NAME	FUJISAWA, HISAO	22 NAME	HIROTA, SHIGENORI
STREET ADDRESS	CONDOMINIO TAMANCO 25B	23 STREET ADDRESS	BAYSIDE TOWER 25, PTA. PAITILLA
CITY ST ZIP	PANAMA	24 CITY ST ZIP	PANAMA
TITLE	D	31 TITLE	DST ☐ Change ☐ Addition
NAME	WATANABE, KEIICHI	32 NAME	SEKI, MAMORU
STREET ADDRESS	EDIF. VILLA THEMIS 2DO	33 STREET ADDRESS	TWIN TORWER 9B, BELLA VISTA
CITY ST ZIP	VENEZUELA	34 CITY ST ZIP	PANAMA
TITLE	CD	41 TITLE	D ☐ Change ☐ Addition
NAME	KOSAKA, SETSUZO	42 NAME	TSUTSUI, SHIGEKI
STREET ADDRESS	AV RUI BARBOSA 348-1101	43 STREET ADDRESS	RUA RAFAEL DE BARROS 387
CITY ST ZIP	BRAZIL	44 CITY ST ZIP	RIO DE JANEIRO-BRASIL
TITLE	D	51 TITLE	D ☐ Change ☐ Addition
NAME	MIKI, ISAO	52 NAME	WATANABE, KEICHI
STREET ADDRESS	AV. EDGAR ALLEN POE #28	53 STREET ADDRESS	EDIF. VILLA THEMIS 2DO. PISO
CITY ST ZIP	MEXICO	54 CITY ST ZIP	CARACAS-VENEZUELA
TITLE	D	61 TITLE	D ☐ Change ☐ Addition
NAME	FUNO KATSUMI	62 NAME	FUNO, KATSUMI
STREET ADDRESS	CARRERA 8, 87049 APT 202	63 STREET ADDRESS	AV. 15 No. 127A-33 #501
CITY ST ZIP	COLOMBIA	64 CITY ST ZIP	BOGOTA-COLOMBIA

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption under 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: _____ MAMORU SEKI MAY 19, 1995 011-507-645422
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Telephone #

0131575 CP