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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90023 031 \*\*\*150.00

DOCUMENT # P30396

1. Corporation Name

ITOCHU LATIN AMERICA, S.A.

Principal Place of Business

8100 NW 29TH STREET  
MIAMI FL 33122-1072  
US

Mailing Address

8100 NW 29TH ST  
MIAMI FL 33122-072  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1990

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

FALCON, ENRIQUE A  
15040 E FALCON'S LEA DR  
DAVE FL 33331

81 Name

82 Street Address (P.O. Box: Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.050(1) 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

ENRIQUE A. FALCON, REG. MANAGER

APRIL 26, 1999

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

(NO E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	YAMAZAKI, MASAO	
STREET ADDRESS	BAYSIDE TOWER 25, WINSTON CHURCHILL AVE.	
CITY-STATE-ZIP	PATILLA, PANAMA	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	NAKAJIMA, SATOSHI	
STREET ADDRESS	TORRE 200 LOS DELFINES BALBOA AVE.	
CITY-STATE-ZIP	MARBELLA, PANAMA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OTA, KOZO	
STREET ADDRESS	TORRE 200 LOS DELFINES BALBOA AVE.	
CITY-STATE-ZIP	MARBELLA, PANAMA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANNOHE, NOBORU	
STREET ADDRESS	EDIFICIO VILLA THEMIS TARTAGO EL PED ST.	
CITY-STATE-ZIP	CARACAS, VENEZUELA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OTA, YASUYOSHI	
STREET ADDRESS	EDIF MANSO DOS NOBRES RAFAEL DE BARROS ST	
CITY-STATE-ZIP	SAO PAULO, BRASIL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FUSE, MITSUO	
STREET ADDRESS	AVE. 15 #127A-33	
CITY-STATE-ZIP	BOGOTA, COLOMBIA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	MIZUTANI, YOSHIO
4.4 CITY-STATE-ZIP	EDIFICIO VILLA THEMIS EL PED ST. CARACAS, VENEZUELA
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KOZO OTA

22/04/1999

Date

507-265-5422

Daytime Phone #

CR2E034 (11/98)