SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT
1997

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

APPROVED AND FILED
1997 NOV 25 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000009020 (4)

1. Corporation Name
CANON LATIN AMERICA, INC.

Principal Place of Business
C/O DORSEY & WHITNEY P.L.L.P.
350 PARK AVENUE, 15TH FLOOR
NEW YORK NY 10022

Mailing Address
C/O DORSEY & WHITNEY P.L.L.P.
350 PARK AVENUE, 15TH FLOOR
NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1996
3a. Date of Last Report: Initial Report
4. FEI Number: 13-3871205 [ ] 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 or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

2. Principal Place of Business
21 6505 Blue Lagoon Dr.
22 Suite, Apt. #, etc. Suite 325
23 City & State Miami, Fl.
24 Zip 33126 25 Country Dade

2a. Mailing Address
26 6505 Blue Lagoon Dr
27 Suite, Apt. #, etc. Suite 325
28 City & State Miami, Fl
29 Zip 33126 30 Country Dade

9. Name and Address of Current Registered Agent
CT 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 hereby accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE PETER F. SOUZA ASSISTANT SECRETARY 11/18/97
Signature (typed or printed name of registered agent and title if applicable) (NOT REQUIRED IF FILED ELECTRONICALLY) (DATE required when missing)

12. OFFICERS AND DIRECTORS

TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President [ ] Change [X] Addition
1.2 NAME	Takao Mishiro
1.3 STREET ADDRESS	10388 N.W. 46 Terrace
1.4 CITY-ST-ZIP	Miami, Fl 33178
2.1 TITLE	Treasurer/Secretary [ ] Change [X] Addition
2.2 NAME	Seymour Liebman
2.3 STREET ADDRESS	One Canon Plaza
2.4 CITY-ST-ZIP	Lake Success, N.Y. 11042
3.1 TITLE	Chairman [ ] Change [X] Addition
3.2 NAME	Haruo Murase
3.3 STREET ADDRESS	One Canon Plaza
3.4 CITY-ST-ZIP	Lake Success, N.Y. 11042
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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****750.00 ****1.00

REINSTATEMENT

14. I do 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.

SIGNATURE X OCT 20 1997

CR2E034 (4/97)