

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
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90101 014 ***150.00

DOCUMENT # P98000023777

1. Corporation Name

NEWLONG LATIN AMERICA, INC.

Principal Place of Business

9300 S DADELAND BLVD SUITE 406
MIAMI FL 33156

Mailing Address

9300 S DADELAND BLVD SUITE 406
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1998

4. FEI Number

65-0821394

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

21 2760 NW 112 Ave.

2a. Mailing Address

26 2760 NW 112 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33172

Country

25 US

Zip

29 33172

Country

30 US

9. Name and Address of Current Registered Agent

KAPLAN, LINDA M
9300 S DADELAND BLVD SUITE 406
MIAMI FL 33156

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KONDO, YASUHIRO
4-14 MATSUGAYAL I-CHOME
TAITO-KU TOKYO 110 JAPAN

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHO, YOMHIMASA
4-14 MATSUGAYAL I-CHOME
TAITO-KU TOKYO 110 JAPAN

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
USUDA, MASAMI
4-14 MATSUGAYAL I-CHOME
TAITO-KU TOKYO 110 JAPAN

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TOMITA, SHIMPEI
4-14 MATSUGAYAL I-CHOME
TAITO-KU TOKYO 110 JAPAN

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Director/President
Kondo, Yasuhiro
4-14 Matsugaya I-chome
Taito-ku Tokyo 110 Japan

Change

Addition

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

Change

Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Director/Vice President
Usuda, Masami
4-14 Matsugaya I-chome
Taito-ku Tokyo 110 Japan

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
Secretary/Treasurer
Homma, Hisao
2760 NW 112 Ave.
Miami, FL 33172

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:

HOMMA, HISAO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 15, 1999

Date

(305) 406-1038

Daytime Phone #

0228821

CR2E034 (11/98)