

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

DOCUMENT # P98000023777

1. Corporation Name
NEWLONG LATIN AMERICA, INC.

99 AUG -2 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9300 S DADELAND BLVD SUITE 406
MIAMI FL 33156

Mailing Address
9300 S DADELAND BLVD SUITE 406
MIAMI FL 33156

Amended

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
22 Miami, FL

City & State
27 Miami, FL

Country
24 33172 25 US

Country
29 33172 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	DELETE
D	KONDO, YASUHIRO	4-14 MATSUGAYAL 1-CHOME	TAITO-KU TOKYO 110 JAPAN	<input type="checkbox"/>
Director/Pres.				
B	CHO, YOMHIMASA	4-14 MATSUGAYAL 1-CHOME	TAITO-KU TOKYO 110 JAPAN	<input type="checkbox"/>
Director				
B	USUDA, MASAMI	4-14 MATSUGAYAL 1-CHOME	TAITO-KU TOKYO 110 JAPAN	<input type="checkbox"/>
VP - Director				
B	TOMITA, SHIMPEI	4-14 MATSUGAYAL 1-CHOME	TAITO-KU TOKYO 110 JAPAN	<input type="checkbox"/>
VP Director				
D				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
Director/President	Kondo, Yasuhiro	14-14 Matsugaya 1-chome	Taito-ku Tokyo 110 Japan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
400002955404-1						
-03/10/99-01029-007						
*****61.25						
Director/Vice President	Usuda, Masami	14-14 Matsugaya 1-chome	Taito-ku Tokyo 110 Japan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director/Vice President	Kato, Masami	14-14 Matsugaya 1-chome	Taito-ku, Tokyo 110 Japan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary/Treasurer	Homma, Hisao	2760 NW 112 Ave.	Miami, FL 33172	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Masaaki Yokomori		12410 S.W. 106 Terr.	Miami, FL 33186	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary						
Treasurer						

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:

Hisao Homma HISAO HOMMA

MARCH 15, 1999

(305) 406-1058