FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000004838 (7)**

1. Corporation Name

JAMAICA NATIONAL OVERSEAS (NY) INC.

Principal Place of Business	Mailing Address
111 NORTH WEST 183RD STREET. SUITE 108 NORTH MIAMI FL 33169	111 NORTH WEST 183RD STREET. SUITE 108 NORTH MIAMI FL 33169

3. Date Incorporated or Qualified: 10/05/1995

3a. Date of Last Report: NOT APPLICABLE

4. FEI Number: 11-3050019 ☐ 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 NOT APPLICABLE	26 NOT APPLICABLE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BUCHANAN, HUGH
4764 NORTH WEST 6TH STREET
PLANTATION FL 33317

10. Name and Address of New Registered Agent N/A

81 Name: NOT APPLICABLE
82 Street Address (P.O. Box Number is Not Acceptable): NOT APPLICABLE
83
84 City: NOT APPLICABLE FL 85 Zip Code: N/A

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 _____

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC REYNOLDS, LANCELOT F 32 NORBROOK ROAD KINGSTON 8, JAMAICA	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PATTERSON, D A 4 SHERBOURNE HEIGHTS KINGSTON, JAMAICA	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TMD SHARPE, R 112-01 QUEENS BLVD. APT. 26 FOREST HILLS NY 11375	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Assistant Manager Carmen Bartlett (Mrs) 2D Edam Drive KINGSTON 8, JAMAICA W.I.	☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	900001784379 -04/17/96--01084--002 ***208.75	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added by attachment with an address.

4-17-96 JR

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
REEVER SHARPE

Date _____ Daytime Phone # _____