FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 33169-4520

3. Date Incorporated or Qualified: 10/05/1995
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business — 21: 3895 NW 24th Street
Suite, Apt. #, etc. — 22: LAUDERDALE LAKES
City & State — 23: Florida
Zip — 24: 33313 — Country — 25:

2a. Mailing Address — 26: 111 NW 183rd Street
Suite, Apt. #, etc. — 27: Suite 108
City & State — 28: North Miami Florida
Zip — 29: 33169-4520 — Country — 30:

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

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

81 Name: N/A
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: N/A
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	REYNOLDS, LANCELOT F		1.2 NAME		
STREET ADDRESS	32 NORBROOK ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	KINGSTON 8, JAMAICA		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PATTERSON, D A		2.2 NAME		
STREET ADDRESS	4 SHERBOURNE HEIGHTS		2.3 STREET ADDRESS		
CITY-ST-ZIP	KINGSTON, JAMAICA		2.4 CITY-ST-ZIP		
TITLE	TMD	☐ DELETE	3.1 TITLE	TMDS	☐ Change ☐ Addition
NAME	SHARPE, R		3.2 NAME	Sharpe, R - Correction to Title	
STREET ADDRESS	112-01 QUEENS BLVD. APT. 26		3.3 STREET ADDRESS		
CITY-ST-ZIP	FOREST HILLS NY 11375		3.4 CITY-ST-ZIP		
TITLE	AM	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BARTLETT, CARMEN		4.2 NAME		
STREET ADDRESS	2D EDAM DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	KINGSTON 8 JAMAICA W.I.		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Lancelot F. Reynolds — Apr 30 — 809-96-808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0231457