

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:20

DOCUMENT # P11399 (3)

1. Corporation Name
JLA CREDIT CORPORATION

Principal Place of Business: 1133 AVE OF THE AMERICAS, 25TH FLOOR, NEW YORK NY 10036 US
Mailing Address: 1133 AVE OF THE AMERICAS, 25TH FLOOR, NEW YORK NY 10036 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/11/1986
3a. Date of Last Report: 01/25/1994
4. FEI Number: 13-3295831
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. 100.032, Florida Statutes: Yes No

2. Principal Place of Business
21. 1251 AVE OF THE AMERICAS
22. 41ST FLOOR
23. NY NY
24. 10020
25. USA
26. 1251 AVE OF THE AMERICAS
27. 41ST FLOOR
28. NY NY
29. 10020
30. US

9. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: FL

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: _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HONDA, YASUO
STREET ADDRESS	100 V.N. PLAZA #10C
CITY-ST-ZIP	NEW YORK NY
TITLE	T
NAME	KUMANO, HIROSHI
STREET ADDRESS	221 PARK AVENUE
CITY-ST-ZIP	HARRISON, NY 10528
TITLE	S
NAME	YOSHIMOTO, AKIHIRO
STREET ADDRESS	235 40TH STREET, #351
CITY-ST-ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	100 UNITED NATIONS PLAZA (U.N. PLAZA)
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	235 E 40TH ST #351
34 CITY-ST-ZIP	10016
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of this report, or on any attachment, or on any other document.

SIGNATURE: _____ A. YOSHIMOTO 1/27/95 (212) 403-3114
(Signature and typed or printed name of signing officer or director) Date