

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 # **P11399** (3)

1. Corporation Name
JLA CREDIT CORPORATION



Principal Place of Business: **1251 AVE OF THE AMERICAS 41ST FLOOR NY NY 10020 US**
Mailing Address: **1251 AVE OF THE AMERICAS 41ST FLOOR NY NY 10020 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: **09/11/1986**
3a. Date of Last Report: **01/26/1995**
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. 199.032, Florida Statutes: Yes No

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 (81-85) fields for Name, Street Address, City, State, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	HONDA, YASUO
STREET ADDRESS	100 UNITED NATIONS PLAZA (UN PLAZA)
CITY- ST- ZIP	NEW YORK NY
TITLE	T <input type="checkbox"/> DELETE
NAME	KUMANO, HIROSHI
STREET ADDRESS	221 PARK AVENUE
CITY- ST- ZIP	HARRISON, NY 10528
TITLE	S <input type="checkbox"/> DELETE
NAME	YOSHIMOTO, AKIHIRO
STREET ADDRESS	235 E. HOTH ST. 40 C
CITY- ST- ZIP	NEW YORK NY
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kazunobu Tokunaga
1.3 STREET ADDRESS	51 Forest Ave., #33
1.4 CITY- ST- ZIP	Old Greenwich CT 06870
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Chiaki Kojima
2.3 STREET ADDRESS	35 N Chatsworth Ave., #27
2.4 CITY- ST- ZIP	Larchmont NY 10583
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jun Ogihara
3.3 STREET ADDRESS	161 W 61st Street #18B
3.4 CITY- ST- ZIP	New York NY 10023
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 on an attachment with an address.

SIGNATURE: _____ Treasurer Date: **1/25/96** (212)403-3114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)