

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 24 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 # 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 10020-1104  
US**

3. Date Incorporated or Qualified  
**09/11/1986**

3a. Date of Last Report  
**01/31/1996**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **P TOKUNAGA, KAZUNOBU**

STREET ADDRESS **51 FOREST AVE #33**

CITY- ST- ZIP **OLD GREENWICH CT**

TITLE  DELETE

NAME **T KOJIMA, CHIAKI**

STREET ADDRESS **35 N CHATSWORTH AVE #27**

CITY- ST- ZIP **LARCHMONT NY**

TITLE  DELETE

NAME **S OGIHARA, JUN**

STREET ADDRESS **161 W 61ST STREET #18B**

CITY- ST- ZIP **NEW YORK NY**

TITLE  DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition

12 NAME **P MITSUMASA SAKKA**

13 STREET ADDRESS **970 W 190TH ST**

14 CITY- ST- ZIP **TORRANCE CA 90502**

21 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

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: \_\_\_\_\_ DATE: **1/16/97** DISTRICT PHONE # **(212)403-3114**

CR2E034 (9/96)