

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

FILED  
Jan 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P11399** (3)  
1. Corporation Name  
**JLA CREDIT CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1251 AVE OF THE AMERICAS 41ST FLOOR NY NY 10020 US</b>	Mailing Address <b>1251 AVE OF THE AMERICAS 41ST FLOOR NY NY 10020 US</b>
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3. Date Incorporated or Qualified <b>09/11/1986</b>	4. FEI Number <b>13-3295831</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 <b>12677 ALICOSTA BLVD</b> Suite, Apt. #, etc. 22 <b># 430</b> City & State 23 <b>SAN RAMON CA</b> Zip 24 <b>94583</b>	2a. Mailing Address 26 <b>12677 ALICOSTA BLVD</b> Suite, Apt. #, etc. 27 <b>S/E 430</b> City & State 28 <b>SAN RAMON, CA</b> Zip 29 <b>94583</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MITSUMASA SAKKA</b>		1.2 NAME	
STREET ADDRESS <b>970 W 190TH ST.</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>TORRANCE CA</b>		1.4 CITY - ST - ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>KOJIMA, CHIAKI</b>		2.2 NAME	
STREET ADDRESS <b>35 N CHATSWORTH AVE #27</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>LARCHMONT NY</b>		2.4 CITY - ST - ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>OGIHARA, JUN</b>		3.2 NAME	
STREET ADDRESS <b>161 W 61ST STREET #18B</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>NEW YORK NY</b>		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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: \_\_\_\_\_ REQUIRED **4/8/98** **510-277-3314**

CR2E034 (10/97)

**LIST OF CORPORATE OFFICERS**

	<u>TITLE</u>	<u>SS No.</u>
Mitsumasa Sakka 12677 Alcosta Blvd. Ste. 430 ✓ San Ramon, CA 94583	President	624-70-4350
Steven Dietsch 12677 Alcosta Blvd., Ste, 430 San Ramon, Ca 94583	Sr. VP & CFO	297-68-6641
Allan Hauskens 12677 Alcosta Blvd., Ste, 430 San Ramon, Ca 94583	Chief Operating Officer	550-86-6322
Jun Ogihara ✓ 1251 Avenue of the Americas New York City, NY 10020	Secretary	078-68-5944
Chiaki Kojima ✓ 1251 Avenue of the Americas New York City, NY 10020	Treasurer	087-84-3613

**Directors**

Katsuro Hamada - 35 N. Chatworth Ave. Larchmont, NY 10583		127-62-8587
Mitsumasa Sakka - 12677 Alcosta Blvd. Ste 430 San Ramon, CA 94583		624-70-4350