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May 11, 1999 8:00 am
Secretary of State

05-11-1999 90042 041 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P11399

1. Corporation Name
JLA CREDIT CORPORATION

Principal Place of Business
12677 ALCOSTA BLVD #430
SAN RAMON CA 94583
 US

Mailing Address
12677 ALCOSTA BLVD #430
SAN RAMON CA 94583
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/11/1986

4. FEI Number
13-3295831

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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 DELETE
 NAME **P MITSUMASA SAKKA**
 STREET ADDRESS **970 W 190TH ST.**
 CITY-ST-ZIP **TORRANCE CA**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP *See Attached*

TITLE DELETE
 NAME **T KOJIMA, CHIAKI**
 STREET ADDRESS **35 N CHATSWORTH AVE #27**
 CITY-ST-ZIP **LARCHMONT NY**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **S OGIHARA, JUN**
 STREET ADDRESS **161 W 61ST STREET #18B**
 CITY-ST-ZIP **NEW YORK NY**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **COO ALLAN HAUSKENS**
 STREET ADDRESS **12677 ALCOSTA BLVD #430**
 CITY-ST-ZIP **SAN RAMON CA 94583**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **SVP STEVEN DIETSCH**
 STREET ADDRESS **12677 ALCOSTA BLVD #430**
 CITY-ST-ZIP **SAN RAMON CA 94583**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D KATSURO HAMADA**
 STREET ADDRESS **35 N CHATSWORTH AVE**
 CITY-ST-ZIP **LARCHMONT NY 10583**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-99

925-377-0288

CR2E034 (11/98)

JLA CREDIT CORPORATION
CORPORATE OFFICERS

545423-90042-41

P11399

	<u>TITLE</u>	<u>SS No.</u>
Abraham Bernstein	President	083-26-2936
Crit DeMent	Secretary/Treasurer	464-94-8465

Directors

Abraham Bernstein
1255 Wrights Lane
West Chester, PA 19380

083-26-2936

Crit DeMent
1255 Wrights Lane
West Chester, PA 19380

464-94-8465