

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

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90042 041 \*\*\*150.00

0555443

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

3-10-99

925-377-0288

Date

Daytime Phone #

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