

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

FILED

Apr 07 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 # **P34740** (1)  
1. Corporation Name  
**EAGLE MERCHANT BANK OF JAMAICA LIMITED, INC.**



Principal Place of Business  
**GABLES ONE TOWER  
1320 S. DIXIE HWY., SUITE 731  
CORAL GABLES FL 33146**

Mailing Address  
**GABLES ONE TOWER  
1320 S. DIXIE HWY., SUITE 731  
CORAL GABLES FL 33146-2838**

3. Date Incorporated or Qualified  
**07/19/1991**

3a. Date of Last Report  
**04/04/1996**

4. FEI Number  
**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 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

24 Country

25

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent  
**INTRASTATE REGISTERED AGENT CORPORATION  
1916 HARDEN BLVD.  
LAKELAND FL 33803**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**FL**

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	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FFRENCH, TREVOR A	1.2 NAME	
STREET ADDRESS	1320 S. DIXIE HWY, SUITE 731	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COKE, DAISY M.	2.2 NAME	
STREET ADDRESS	60 LADY MUSGRAVE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 10, JAMAICA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, OSWALD G.	3.2 NAME	
STREET ADDRESS	1 MELMAC AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 5, JAMAICA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, G.B.	4.2 NAME	
STREET ADDRESS	15 KIRKLAND CRESCENT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. ANDREW, JAMAICA	4.4 CITY-ST-ZIP	
TITLE	GM <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSKERY, HUGH	5.2 NAME	
STREET ADDRESS	%24-26 GRENADA CRESCENT	5.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 5, JAMAICA	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, PAMELLA	6.2 NAME	
STREET ADDRESS	24-26 GRENADA CRESCENT	6.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 5, JAMAICA	6.4 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 included 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: TREVOR A. FFRENCH VP 4/7/97 305-662-1702  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
0203908

CR2E034 (9/96)