FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000038861 (8)

1. Corporation Name

JCC (AMERICA), INC.

Principal Place of Business	Mailing Address
OPPERDUIT 4*8 2941 AS LEKKERKERK NETHERLANDS	OPPERDUIT 448 2941 AS LEKKERKERK NETHERLANDS

3. Date Incorporated or Qualified: 05/19/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5100 N. TAMIAMI TR.	26 5100 N. TAMIAMI TR.
Suite, Apt. #, etc. 22 SUITE 105-1	Suite, Apt. #, etc. 27 SUITE 105-1
City & State 23 NAPLES, FLORIDA	City & State 28 NAPLES, FLORIDA
Zip 24 33940 · County 25 COLLIER	Zip 29 33940 · County 30 COLLIER

4. FEI Number: 65-0495608 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes. ~~Yes~~ ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAKER, HERMAN 11706 PINTAIL CT NAPLES FL 33999	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 ______ Date ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	D/P ☒ Change ☐ Addition
NAME	CLAYDEN, DAVID H	1 NAME	CLAYDEN, DAVID H
STREET ADDRESS	OPPERDUIT 448 2941 AS LEKKERKERK	1 STREET ADDRESS	OPPERDUIT 448 2941 AS LEKKERKERK
CITY ST ZIP	NETHERLANDS	1 CITY ST ZIP	NETHERLANDS
TITLE	D	2 TITLE	D/S/T ☒ Change ☐ Addition
NAME	KRIJNEN, JANTINA	2 NAME	KRIJNEN, JANTINA
STREET ADDRESS	OPPERDUIT 448 2941 AS LEKKERKERK	2 STREET ADDRESS	OPPERDUIT 448 2941 AS LEKKERKERK
CITY ST ZIP	NETHERLANDS	2 CITY ST ZIP	NETHERLANDS
TITLE		3 TITLE	V ☐ Change ☒ Addition
NAME		3 NAME	BAKER, HERMAN D.
STREET ADDRESS		3 STREET ADDRESS	11706 PINTAIL CT.
CITY ST ZIP		3 CITY ST ZIP	NAPLES, FL 33999
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY ST ZIP		4 CITY ST ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY ST ZIP		5 CITY ST ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY ST ZIP		6 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: D. Clayden D. CLAYDEN 4-27-95 813-643-3159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

0403023 IN