

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V22310 (9)

1. Corporation Name

JAMAICA MUTUAL (U.S.A.), INC.



Principal Place of Business

Mailing Address

5201 BLUE LAGOON DR.  
STE. #500  
MIAMI FL 33126  
US

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STE. #500  
MIAMI FL 33126  
US

3. Date Incorporated or Qualified  
03/17/1992

3a. Date of Last Report  
03/02/1995

4. FEI Number

65-0367006

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

TAYLOR S PATRICIA  
5201 BLUE LAGOON DR.  
STE. #500  
MIAMI FL 33126

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME MCGOWAN, MARSHALL HALL  
STREET ADDRESS LOT 9 NORBURY VILLAS  
CITY-ST-ZIP KINGSTON 8, JAMAICA

DELETE

TITLE D  
NAME HONIBALL, ROBERT RAUL  
STREET ADDRESS 14925 SOUTHWEST 141ST PL  
CITY-ST-ZIP MIAMI FL

DELETE

TITLE D  
NAME PARKES, RALPH MICHAEL  
STREET ADDRESS 21 QUEENS WAY  
CITY-ST-ZIP KINGSTON 10, JAMAICA

DELETE

TITLE D  
NAME KNIGHT, GLORIA DELORES  
STREET ADDRESS 12 CLIVEDEN AVENUE  
CITY-ST-ZIP KINGSTON 6, JAMAICA

DELETE

TITLE D  
NAME RATTRAY, HARRIS FABOURNE  
STREET ADDRESS 9950 SW 12TH ST  
CITY-ST-ZIP PEMBROKE PINES FL

DELETE

TITLE D  
NAME EVANS, FREDERICK LVI  
STREET ADDRESS 8 WATERLOO TERR  
CITY-ST-ZIP KINGSTON 10 JA

DELETE

1.1 TITLE D  
1.2 NAME HALL, MARSHALL M  
1.3 STREET ADDRESS LOT 9 NORBURY VILLAS  
1.4 CITY-ST-ZIP KINGSTON 8, JAMAICA

2.1 TITLE D  
2.2 NAME SIMON ANTHONY CLARKE  
2.3 STREET ADDRESS APARTMENT A1, MAYFAIR VISTAS  
2.4 CITY-ST-ZIP RED HILLS, ST. ANDREW

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

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

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

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

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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)(k), 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 a officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96

DATE

305-262-0242

TELEPHONE

CR2E034 (3/96)