

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY -1 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V22310

(9)

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

5201 BLUE LAGOON DR.
STE. #500
MIAMI FL 33126-2075
US

3. Date Incorporated or Qualified
03/17/1992

3a. Date of Last Report
08/05/1996

2. Principal Place of Business
21. c/o Holland & Knight, 701 Brickell Avenue

2a. Mailing Address
26. c/o Holland & Knight, 701 Brickell Ave.

4. FEI Number
65-0367006

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. 30th Floor

27. 30th Floor

City & State

City & State

23. Miami, Florida

28. Miami, Florida

Zip

Country

Zip

Country

24. 33131

25. U.S.A.

29. 33131

30. U.S.A.

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 S30
MIAMI FL 33126

81. Name INTRASTATE REGISTERED AGENTS CORP.

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

83. 30TH FLOOR

84. City MIAMI

85. Zip Code FL 33131

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 D
NAME HALL, MARSHALL M
STREET ADDRESS LOT 9 NORBURY VILLAS
CITY-STATE-ZIP KINGSTON 8 JA ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
~~500002161685-4~~

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
500002161685-4
-05/01/97--01039--019
*****165.00 *****165.00

TITLE D
NAME CLARKE, SIMON A
STREET ADDRESS APARTMENT A1, MAYFAIR VISTAS
CITY-STATE-ZIP RED HILLS ST ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29/4/97

Daytime Phone: #

CR2E03 (9/96)