

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V22310

1. Corporation Name
JAMAICA MUTUAL (U.S.A.), INC.

Principal Place of Business

% HOLLAND & KNIGHT
701 BRICKELL AVENUE, 30TH FLOOR
MIAMI FL 33131
US

Mailing Address

% HOLLAND & KNIGHT
701 BRICKELL AVENUE, 30TH FLOOR
MIAMI FL 33131
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1992

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENTS CORP.
701 BRICKELL AVENUE
30TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	THOMPSON, JOHN	1.2 NAME	BRAY KURTIS
STREET ADDRESS	64 KNUTSFORD BLVD	1.3 STREET ADDRESS	2 OXFORD ROAD
CITY-ST-ZIP	KINGSTON 10, JAMAICA	1.4 CITY-ST-ZIP	KINGSTON 5, JAMAICA W.I.
TITLE	D	2.1 TITLE	
NAME	ASTON, SMITH H.	2.2 NAME	
STREET ADDRESS	8 WELLINGTON DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 6,	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	MCCARTHY, JULET	3.2 NAME	
STREET ADDRESS	2 OXFORD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 5 JA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 officer or director of the corporation or the receiver or trustee appointed in the case of a corporation in liquidation.

0185967

CR2E034-11/98