


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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90010 020 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F93000005749</b>			
1. Corporation Name <b>CONTI - U.S.A., INC.</b>			
Principal Place of Business <b>1800 ELLER DR STE 555 FT LAUDERDALE FL 33316 US</b>		Mailing Address <b>601 BRICKELL KEY DRIVE STE 805 MIAMI FL 33131</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>		Zip <b>29</b>	
Country <b>25</b>		Country <b>30</b>	
9. Name and Address of Current Registered Agent <b>ALLEN &amp; GALEGO 601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BRION, JEAN-FREDERIC</b>		1.2 NAME	
STREET ADDRESS <b>601 BRICKELL KEY DRIVE, SUITE 805</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33131</b>		1.4 CITY-ST-ZIP	
TITLE <b>VPS</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>CUSTERS, ANITA</b>		2.2 NAME	
STREET ADDRESS <b>601 BRICKELL KEY DRIVE, SUITE 805</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33131</b>		2.4 CITY-ST-ZIP	
TITLE <b>SS</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>ALLEN, ROBERT N JR</b>		3.2 NAME	
STREET ADDRESS <b>601 BRICKELL KEY DRIVE, SUITE 805</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33131</b>		3.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>WOLFGANG TEUCHERT</b>		4.2 NAME	
STREET ADDRESS <b>601 BRICKELL KEY DR., STE 805</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI, FL 33131</b>		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert D. ALLEN, JR.**

**4/27/99**  
Date

**305-372-3300**  
Daytime Phone #

CR2E034 (11/98)