


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90216 019 ***150.00

DOCUMENT # F93000005749

1. Entity Name
CONTI - U.S.A., INC.



Principal Place of Business Mailing Address

**1800 ELLER DR
 STE 555
 FT LAUDERDALE, FL 33316 US**

**601 BRICKELL KEY DRIVE
 STE 805
 MIAMI, FL 33131**

94073757



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1441 BRICKELL AVE. SUITE 1014
MIAMI FL
33131 U.S.

03302004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0455301 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEN & GALEGO
 601 BRICKELL KEY DRIVE
 SUITE 805
 MIAMI, FL 33131**

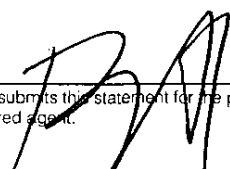
7. Name and Address of New Registered Agent

Name **ROBERT ALLEN LAW**

Street Address (P.O. Box Number is Not Acceptable)
1441 BRICKELL AVE. SUITE 1014

City **MIAMI** State **FL** Zip Code **33131**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  by: **Robert N. Allen Jr. PRESIDENT** DATE: **4-29-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

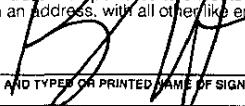
10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BRION, JEAN-FREDERIC	
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 805	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	CUSTERS, ANITA	
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 805	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	SS	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, ROBERT N JR	
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 805	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WOLFGANG, TEUCHERT	
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 805	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRION, JEAN-FREDERIC	
STREET ADDRESS	1441 BRICKELL AVE. 1014	
CITY-ST-ZIP	MIAMI - FL, 33131	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSTERS, ANITA	
STREET ADDRESS	1441 BRICKELL AVE. SUITE 1014	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, ROBERT N. JR	
STREET ADDRESS	1441 BRICKELL AVE. SUITE 1014	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFGANG, TEUCHERT	
STREET ADDRESS	1441 BRICKELL AVE. SUITE 1014	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Robert N. Allen Jr.** Date: **4-29-04** Daytime Phone #: **305-3723700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR