

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P05909 (7)
 1. Corporation Name
SCAC TRANSPORT (USA), INC. Name changed to SDV (USA) Inc.
 effective 1/1/98

Principal Place of Business Mailing Address
7172 NROTH WEST 50TH STREET MIAMI FL 33166 US
BLDG. 75. N. HANGAR ROAD JAMAICA NY 11430

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
05/06/1985

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
23. 7172 North West 50th Street Miami FL 33166 US	24. 150-10 132 St. Jamaica N.Y. 11434 USA

4. FEI Number 13-2635593	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
VIDAL, JACQUES MICHAEL
7172 NORTH WEST 50TH STREET
MIAMI FL 33166

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	DELVA, DANIEL
STREET ADDRESS	30, QUAI DE DION BOUTON
CITY-ST-ZIP	FRANCE
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LUCAS, FRANCOIS
STREET ADDRESS	30, QUAI DE DION BOUTON
CITY-ST-ZIP	FRANCE
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	DE POUILLY, JEAN
STREET ADDRESS	9133 LA CIENEGA BLVD
CITY-ST-ZIP	INGLEWOOD CA
TITLE	TD <input type="checkbox"/> DELETE
NAME	COUSTAR, PASCAL
STREET ADDRESS	9133 LA CIENEGA BLVD. #250
CITY-ST-ZIP	INGLEWOOD CA
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	BERNACKI, PETER
STREET ADDRESS	BLDG 75 N HANGAR RD
CITY-ST-ZIP	JAMAICA NY
TITLE	V <input type="checkbox"/> DELETE
NAME	STEINBOCK, ERIC
STREET ADDRESS	501 FORBES BLVD, #100
CITY-ST-ZIP	SOUTH SAN FRANCISCO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Matthys, Claude
1.3 STREET ADDRESS	31-32, Quai de Dion Bouton
1.4 CITY-ST-ZIP	92811 Puteaux Cedex, France
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gaïde, Esther
2.3 STREET ADDRESS	31-32, Quai De Dion Bouton.
2.4 CITY-ST-ZIP	92811 Puteaux Cedex, France
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Philippine Naudin
3.3 STREET ADDRESS	150-30 132 St.
3.4 CITY-ST-ZIP	Jamaica N.Y. 11434
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	300002477673
4.3 STREET ADDRESS	-04/03/98--01011--034
4.4 CITY-ST-ZIP	***150.00
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Guertler, Dieter
5.3 STREET ADDRESS	150-10 132 St.
5.4 CITY-ST-ZIP	Jamaica N.Y. 11434
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Steinbock, Eric
6.3 STREET ADDRESS	436 Rozzi Place, S. San Francisco CA 94080
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.

SIGNATURE _____ DATE **02-26-98**

CR2E034 (10/97)