

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/06/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		13-2635593	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		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	
24		29		Country	
25		30		USA	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VIDAL, JACQUES MICHAEL 7172 NORTH WEST 50TH STREET MIAMI FL 33166				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		D <input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		DELVA, DANIEL		1.2 NAME		Matthys, Claude	
STREET ADDRESS		30, QUAI DE DION BOUTON		1.3 STREET ADDRESS		31-32, Quai de Dion Bouton	
CITY-ST-ZIP		FRANCE		1.4 CITY-ST-ZIP		92811 Puteaux Cedex, France	
TITLE		D <input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		LUCAS, FRANCOIS		2.2 NAME		Gaide, Esther	
STREET ADDRESS		30, QUAI DE DION BOUTON		2.3 STREET ADDRESS		31-32, Quai De Dion Bouton.	
CITY-ST-ZIP		FRANCE		2.4 CITY-ST-ZIP		92811 Puteaux Cedex, France	
TITLE		P <input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		DE POUILLY, JEAN		3.2 NAME		Philippe Naudin	
STREET ADDRESS		9133 LA CIENEGA BLVD		3.3 STREET ADDRESS		150-30 132 St.	
CITY-ST-ZIP		INGLEWOOD CA		3.4 CITY-ST-ZIP		Jamaica N.Y. 11434	
TITLE		TD <input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		COUSTAR, PASCAL		4.2 NAME		300002477673	
STREET ADDRESS		9133 LA CIENEGA BLVD. #250		4.3 STREET ADDRESS		-04/03/98--01011--034	
CITY-ST-ZIP		INGLEWOOD CA		4.4 CITY-ST-ZIP		***150.00	
TITLE		V <input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		BERNACKI, PETER		5.2 NAME		Guertler, Dieter	
STREET ADDRESS		BLDG 75 N HANGAR RD		5.3 STREET ADDRESS		150-10 132 St.	
CITY-ST-ZIP		JAMAICA NY		5.4 CITY-ST-ZIP		Jamaica N.Y. 11434	
TITLE		V <input type="checkbox"/> DELETE		6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		STEINBOCK, ERIC		6.2 NAME		Steinbock, Eric	
STREET ADDRESS		501 FORBES BLVD, #100		6.3 STREET ADDRESS		436 Rozzi Place, S. San Francisco CA 94080	
CITY-ST-ZIP		SOUTH SAN FRANCISCO CA		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)