

6-19-97 B-7886 C
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FILED
 Jun 19 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P39936 (0)
 1. Corporation Name
 FIAT FINANCE U.S.A., INC.

Principal Place of Business
 375 PARK AVENUE, SUITE 2703
 NEW YORK NY 10152

Mailing Address
~~400~~ FORD NEW HOLLAND, INC
 500 DILLER AVE ATTN: TAX DEPT
 NEW HOLLAND PA 17557-9301
 US

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 FORD NEW HOLLAND, INC
 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified 08/05/1992
 3a. Date of Last Report 04/17/1996
 4. FET Number 22-3097876
 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRNASARI, FRANCO	
STREET ADDRESS	375 PARK AVENUE	
CITY - ST - ZIP	NEW YORK NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GIOVANNI, MAGGIORA	
STREET ADDRESS	375 PARK AVE.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HRDLICKA, RICHARD	
STREET ADDRESS	375 PARK AVENUE	
CITY - ST - ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BORRESEN, A.J.	
STREET ADDRESS	375 PARK AVE.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CACOPARDO, SAVERIO	
STREET ADDRESS	375 PARK AVE.	
CITY - ST - ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VITO ZACCARIA
5.3 STREET ADDRESS	T 375 PARK AVE
5.4 CITY - ST - ZIP	NEW YORK, NY 10152
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *AJ Borresen* A. J. BORRESEN 6/16/97 (212) 207-0917

CR2E034 (9/96)