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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90066 005 ***150.00

DOCUMENT # P05909

1. Corporation Name
SDV (USA) INC.

Principal Place of Business
7172 NORTH WEST 50TH STREET
MIAMI FL 33166
US

Mailing Address
150-10 132 STREET
JAMAICA NY 11434
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
05/06/1985

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
13-2635593
☐ Applied For
☐ Not Applicable

Suite, Apt. #, etc.

5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ 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: NRAI Services Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 526 East Park Avenue
83
84 City: Tallahasse FL 85 Zip Code: 32301

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DELVA, DANIEL		1.2 NAME	
STREET ADDRESS	30, QUAI DE DION BOUTON		1.3 STREET ADDRESS	
CITY-ST-ZIP	FRANCE		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MATTHYS, CLAUDE		2.2 NAME	
STREET ADDRESS	31-32, QUAI DE DION BOUTON		2.3 STREET ADDRESS	
CITY-ST-ZIP	98211 PUTEAUX CEDEX, FRANCE		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GAIDE, ESTHER		3.2 NAME	
STREET ADDRESS	31-32, QUAI DE DION BOUTON		3.3 STREET ADDRESS	
CITY-ST-ZIP	98211 PUTEAUX CEDEX, FRANCE		3.4 CITY-ST-ZIP	
TITLE	TD	☒ DELETE	4.1 TITLE	TD ☐ Change ☒ Addition
NAME	COUSTAR, PASCAL		4.2 NAME	Jean Claude Gailhard
STREET ADDRESS	9133 LA CIENEGA BLVD. #250		4.3 STREET ADDRESS	150-30 132nd Ave.
CITY-ST-ZIP	INGLEWOOD CA		4.4 CITY-ST-ZIP	~~Jamaica N.Y. 11434~~
TITLE	P	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NAUDIN, PHILIPPE		5.2 NAME	
STREET ADDRESS	150-10 132 STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	JAMAICA NY 11434		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	STEINBOCK, ERIC		6.2 NAME	
STREET ADDRESS	436 ROZZI PLACE		6.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH 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, with all other like empowered.

SIGNATURE: [signature] PRESIDENT — MAY 5TH, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #