

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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: **220 FORD NEW HOLLAND, INC 500 DILLER AVE ATTN: TAX DEPT NEW HOLLAND PA 17557 US**

3. Date Incorporated or Qualified: **08/05/1992**  
3a. Date of Last Report: **05/19/1995**  
4. FEI Number: **22-3097876**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

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

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ (NAME: Registered Agent signature implies, who exist only) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	VELLANO, VITTORIO	
STREET ADDRESS	375 PARK AVENUE	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GIOVANNI, MAGGIORA	
STREET ADDRESS	375 PARK AVE.	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HRDLICKA, RICHARD	
STREET ADDRESS	375 PARK AVENUE	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BORRESEN, A.J.	
STREET ADDRESS	375 PARK AVE.	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	COMINSKY, JEFFREY	
STREET ADDRESS	375 PARK AVE.	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	ROSSOTTO, CAMILLO	
STREET ADDRESS	375 PARK AVENUE	
CITY-STATE-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FORNASARI, FRANCO	
1.3 STREET ADDRESS	375 PARK AVENUE	
1.4 CITY-STATE-ZIP	NEW YORK NY 10152	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CACOPARDO, SAVERIO	
5.3 STREET ADDRESS	375 PARK AVENUE	
5.4 CITY-STATE-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-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *A. J. Borresen* V.P. Taxation 4/11/96 (212) 207-0910  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date in Print

CFR2E034 (12/95)