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

PROFIT CORPORATION ANNUAL REPORT



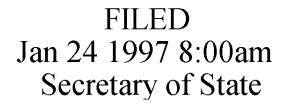
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000015171 (8)

TFI (USA), INC.



				B.3686 (1886) B.1181 18811 18820 (1881 1881			
Principal Place of Business	Mailing Address		t dentrant ten unter Mitte satte mater anter anter	-			
C/O PHULWANI & LEVINE 777 LANTANA RD LANTAN FL 33462	C/O PHULWANI & LEVINE 777 LANTANA RD LANTAN FL 33462-1632						
			3. Date Incorporated or Qualified 03/01/1995	3a. Date of Last Report 02/22/1996			
2. Principal Place of Business	20 MINSOPE LA	ulserson		Applied For			
21 SWOPE, LAMBERSON+	26 TOLLKEY	PA	<u>* 65-0564805</u>	Not Applicable			
22 4501 TANIAMITY, N.	Suite, Apt. # etc. 27 4501 TAM	iAMi Tr.I	5. Certificate of Status Desired	S8.75 Additional Fee Required			
City & State	City & State 💆 🗾)luf- ,	6. Election Campaign Financing	\$5.00 May Be			
23 NAPLES, TC	28 NAPLES, I	<u> </u>	Trust Fund Contribution	Added to Fees			
Zip Country 25 USA	29 34103 30	Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
COHAN, DOLLY 81 JANE E. LAMBERSON, CPA							
C/O PHULWANI & LEVINE 777 LANTANA RD		450	ress (P.O. Box Number is Not-Acceptable TAMIAMIT).	n. +204			
LANTAN FL 33462		83					
		84 CityNA	PLES	FL 85 34103			
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 Signature typed or profiled name of registered agent a	nd title if applicable (NOTE: Reg	JANE istered Agent signature requi	E. LAMBERS	W 1-14-97			
12. OFFICERS AND E	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12			
TITLE D	DELETE	11700 €		Change Addition			

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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.							
SIGNATURE	mules tanbuson		E. LAMBERSON	1-14			
		egistered Agent signature req	ulred when reinstaling) DATE				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND				
TITLE	D DELETE	1.1 TITLE		Change	Addition		
NAME	HANTKE, GOTTFRIED	1.2 NAME					
STREET ADDRESS	EBERTALLEE 1	1.3 STREET ADDRESS					
CHTY-ST-ZIP	22607 HAMBURG GERMANY	1.4 CITY - ST - ZIP					
TITLE	☐ DELETE	21 TITLE		Change	Addition		
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS					
CITY: ST-ZIP		2 4 CITY-ST-ZIP					
TITLE	☐ DELETE	3.1 TITLE		Change	Addition		
NAME		32 NAME					
STREET ADDRESS		3 3 STREET ADDRESS					
CITY+ST-7IP		3 4. CITY- ST-ZIP					
TITLE	☐ DELETE	4 1 TITLE		Change	☐ Addition		
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY - \$1 - ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5 1 TITLE		Change	Addition		
NAME		5 2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY SI-ZP		5.4 CITY-ST-ZIP					
THILE	DELETE	6.1 TITLE	• •	Change	Addition		
NAME		6.2 NAME	. •				
STREET ADDRESS		6.3 STREET ADDRESS					
CHTY - ST - ZIP		6.4 CITY-ST-ZIP	- 1 - 0 - t - 440 07/0V2 F1-3d - 0t - 1 - 1 - 1				

4. 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

SIG	NAT	URE
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SIGNATURE AND THED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

01 14 14

Daytime Phone #