

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 09 1998 8:00am
Secretary of State

DOCUMENT # **P97000014782 (1)**

1. Corporation Name

USA TRANSAXLE CORP.



Principal Place of Business

**22263 LARKSPUR TRAIL
BOCA RATON FL 33433**

Mailing Address

**22263 LARKSPUR TRAIL
BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1997

4. FEI Number

65-0728714

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 19910 N.E. 15th COURT

Suite, Apt. #, etc.

22

City & State

23 NORTH MIAMI Beach FL

Zip

24 33179

Country

25 FLA USA

2a. Mailing Address

26 19910 N.E. 15th COURT

Suite, Apt. #, etc.

27

City & State

28 NORTH MIAMI Beach FL

Zip

29 33179

Country

30 USA

9. Name and Address of Current Registered Agent

**KRASNA, GARY M
1900 CORPORATE BLVD NW, SUITE 301W
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

David

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE

NAME **JACKIE MARKOVITCH**
STREET ADDRESS **22263 LARKSPUR TRAIL**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **V.P.** ☐ DELETE

NAME **NANCY MARKOVITCH**
STREET ADDRESS **22263 LARKSPUR TRAIL**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **Secretary-Treasurer** ☐ DELETE

NAME **Dr. Matthew ZUCKERMAN**
STREET ADDRESS **3456 Prairie Ave**
CITY-ST-ZIP **MIAMI Beach FL 33140**

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE



Change



Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE



Change



Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE



Change



Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE



Change



Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE



Change



Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE



Change



Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Dr. Matthew Zuckerman Sep 2/98 (305) 651-0857

CR2E034 (5/98)