


**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90092 048 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>																																																																																																													
<b>DOCUMENT # P97000037908</b> 1. Corporation Name <b>DRI-LINE PRODUCTS USA, INC.</b>																																																																																																															
Principal Place of Business <b>1541 W. ORANGE BLOSSOM TRAIL</b> <b>APOPKA FL 32703</b> <b>US</b>		Mailing Address <b>1541 W. ORANGE BLOSSOM TRAIL</b> <b>APOPKA FL 32703</b> <b>US</b>																																																																																																													
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b> <b>25</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b> <b>30</b>																																																																																																													
3. Date Incorporated or Qualified <b>04/25/1997</b>		4. FEI Number <b>59-3444020</b>																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																													
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																													
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																															
9. Name and Address of Current Registered Agent <b>LAVIGNE, JAMES A</b> <b>5401 S. KIRKMAN ROAD</b> <b>SUITE 500</b> <b>ORLANDO FL 32819</b>		10. Name and Address of New Registered Agent <b>RAJABALI, MOHAMED</b> <b>1541 W. ORANGE BLOSSOM TRAIL</b> <b>APOPKA, FL 32703</b>																																																																																																													
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 <i>Mohamed Rajabali</i> <b>MOHAMED RAJABALI</b> Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE																																																																																																															
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>RAJABALI, MOHAMED H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5634-88 STREET, EDMONTON</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ALBERTA T6E 5R3, CANADA OC</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>RAJABALI, YASHIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5634-88 STREET, EDMONTON</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ALBERTA T6E 5R3, CANADA OC</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> DELETE	NAME	RAJABALI, MOHAMED H		STREET ADDRESS	5634-88 STREET, EDMONTON		CITY-ST-ZIP	ALBERTA T6E 5R3, CANADA OC		TITLE	D	<input type="checkbox"/> DELETE	NAME	RAJABALI, YASHIN		STREET ADDRESS	5634-88 STREET, EDMONTON		CITY-ST-ZIP	ALBERTA T6E 5R3, CANADA OC		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>11 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>12 NAME</td> <td></td> </tr> <tr> <td>13 STREET ADDRESS</td> <td></td> </tr> <tr> <td>14 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>21 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>22 NAME</td> <td></td> </tr> <tr> <td>23 STREET ADDRESS</td> <td></td> </tr> <tr> <td>24 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>31 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>32 NAME</td> <td></td> </tr> <tr> <td>33 STREET ADDRESS</td> <td></td> </tr> <tr> <td>34 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>41 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>42 NAME</td> <td></td> </tr> <tr> <td>43 STREET ADDRESS</td> <td></td> </tr> <tr> <td>44 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>51 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>52 NAME</td> <td></td> </tr> <tr> <td>53 STREET ADDRESS</td> <td></td> </tr> <tr> <td>54 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>61 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>62 NAME</td> <td></td> </tr> <tr> <td>63 STREET ADDRESS</td> <td></td> </tr> <tr> <td>64 CITY-ST-ZIP</td> <td></td> </tr> </table>		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME		13 STREET ADDRESS		14 CITY-ST-ZIP		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME		23 STREET ADDRESS		24 CITY-ST-ZIP		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME		33 STREET ADDRESS		34 CITY-ST-ZIP		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME		43 STREET ADDRESS		44 CITY-ST-ZIP		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME		53 STREET ADDRESS		54 CITY-ST-ZIP		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME		63 STREET ADDRESS		64 CITY-ST-ZIP	
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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: *Mohamed Rajabali* **MOHAMED RAJABALI** 4/15/99 407-880-8003  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)