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

PROFIT CORPORATION ANNUAL REPORT 99

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

FILED
99 FEB 16 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000073004 (8)

1. Corporation Name
DRIVE SHAFT USA, INC.

Principal Place of Business
169 EAST FLAGLER STREET SUITE 1527
MIAMI FL 33131

Mailing Address
169 EAST FLAGLER STREET SUITE 1527
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/22/1997

4. FEI Number
65-0799958 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Electronic Changing Business Trust Fund Connection [ ] — $5.00 May Be Added to Fees

8. Has corporation authorized the payment of current year Intangible Personal Property Tax due June 30? [ ] Yes [X] No

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
THOMPSON, DISNEY D
169 EAST FLAGLER STREET SUITE 1527
MIAMI FL 33131

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

800002781078--9
-02/19/99--01088--002
****150.00 ****150.00

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. The city accepts the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	~~D~~	[ ] DELETE
NAME	~~POLIDORO, GIANNA~~	
STREET ADDRESS	169 EAST FLAGLER STREET SUITE 1527	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	[ ] DELETE
NAME	GUILLEN, DIONISIO	
STREET ADDRESS	169 EAST FLAGLER STREET SUITE 1527	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/PRES.	XX [ ] Change [ ] Add
12 NAME	POLIDORO, GIANNI	
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Add
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Add
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Add
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Add
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Add
62 NAME		
63 STREET ADDRESS		
64 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 constitute an affirmation under the penalties of perjury 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 in an attachment with an address.

SIGNATURE: X GIANNI POLIDORO, PRES. 2/3/99 305-381-9188

CR2E034 (10/97)