## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT C STATE

Sandra B. Mortha

Secretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT # 402452

AUTO DIESEL EXPORTERS SALES & SERVICE, INC.

Principal Place of Business Mailing Address 9101 WEST OKEECHOBEE ROAD 9101 WEST OKEECHOBEE ROAD HALEAH GARDENS FL 33016-2116 HIALEAH GARDENS FL 33016-2116 3. Date Incorporated or Qualified 3a. Date of Last Report 06/06/1972 04/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1621024 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HADDAD, MIGUEL 9101 WEST OKEECHOBEE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH GARDEN FL 330/6 83 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TO LE Change Addition HADDAD, MIGUEL NAME 1.2 NAME 9101 W OKEECHOBEE RD STREET ADDRESS REET ADDRESS HIALEAH GARDENS FL 330/6 CITY-\$T-ZIP DELETE TITLE Change Addition NAME 22 STREET ADDRESS 2.3 REET ADDRESS CITY-ST-ZIP Y - ST - ZIP DELETE TITLE Change Addition NAME STREET ADDRESS L1 ADDRESS CITY-ST-ZIP Y - ST - ZIF TITLE DELETE Change Addition NAME STREET ADDRESS GET ADDRESS CITY-ST-ZIP DELETE TITLE Change Addition NAME ME STREET ADDRESS TREET ADDRESS CITY - \$T - ZIP 11Y-S1-7(P TITLE DELETE Addition HILLE Change NAME 6.2 NAME STREET ADDRESS 6.1 STREET ADDRESS

 I do hereby certify that the information sup-information indicated on this annual legor I am an officer or director of the appears in Block 12 or Block 13

CITY-\$T-ZIP

aliad with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the supplemental actual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or the receiver to succeed the execute this report as required by Chapter 607, Florida Statutes; and that my name or one address.

**FILED** 

Jun 16 1997 8:00am

Secretary of State