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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F10883

1. Corporation Name

MARINE DIESEL, INC.

		A A 111 A Ld				- (INDIINO 1501 INDII OURAS IDIDII IDIDII IISI DIDII DEDI	A BIBIL BIĞLI	B)B)(#{#t) #6
Principal Place of Business Mailing Address						1		
3198 NW SOUT		3163 N.W. SOUTH RIVER						
	MONOCANDILOS	C/O JORDAN MONOCANDILOS				DO NOT WRITE IN THIS SPACE		
MIAMI FL 33142	2	MIAMI FL 33142						
US						3. Date Incorporated or Qualifed		
						12/02/1980		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		pplied For
21		26				59-2044536	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27				5. Certifcate of Status Desired	Fee R	equired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
	•	28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Intar		
├ ── '		h					Yes	□No
24	25	29		1		10. Name and Address of New Registered A		
	9. Name and Address of Curren	t Registered Agent		81	Name	TO. Name and Address of New Registered A	90111	
	IOCANDII OC IODDANI			"	Name			
MONOCANDILOS, JORDAN				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
3163 N.S. SOUTH RIVER DRIVE								
MIAN	MI FL 33142			83				
	•							0.1-
				84	City	FI	85 Zip	Code
44 0	A- M	2 and 607 1609 Etorida State	utoe the	above	a-named corno	ration submits this statement for the nurnose of c	anging it	s registered
	agistared agent or both in the State (of Elogida Such change was	2 HTDARIZE	יאו הי	the comoration	n's board of directors. I hereby accept the appoint	ment as r	gistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Fl	lorida Sta	tutes.	•			
SIGNATURE	•							
0.07	Signature, typed or printed name of registered agen				t signature required		SIDEAT	000 111 40
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD 🖟	☐ DELETE	1.1 T	MLE			Change	☐ Addition
NAME	MONOCANDILOS, JORDAN		1.2 M	NAME				
STREET ADDRESS	3201 NW 24TH ST RD		1.3 5	STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		140	CITY-ST	r. 7IP			
TITLE	V	☐ DELETE		TITLE	- 2.1		Change	☐ Addition
1	* .						_	_
NAME	MONOCANDILOS, THEODORA			NAME				
STREET ADDRESS	3201 NW. 24TH ST RD				į.			
CITY-ST-ZIP					ADDRESS			
TITLE	MIAMI FL		2.40	CITY-S				A Alaka -
	MIAMI FL S	☐ DELETE	2.40				☐ Change	☐ Addition
NAME		☐ DELETE	2.40 3.1 T	CITY-S			☐ Change	☐ Addition
NAME STREET ADDRESS	S DIAZ, LILIA A.	☐ DELETE	2.41 3.1 T 3.2 N	CITY-S TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	S DIAZ, LILIA A. 3201 NW 24TH ST RD	☐ DELETE	2.40 3.1 T 3.2 N 3.3 S	CITY-S TITLE NAME STREET	T-ZIP ADDRESS		☐ Change	☐ Addition
STREET ADDRESS	S DIAZ, LILIA A. 3201 NW 24TH ST RD MIAMI FL	☐ DELETE	2.40 3.1 T 3.2 N 3.3 S 3.4.0	CITY-S TITLE NAME	T-ZIP ADDRESS		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	S DIAZ, LILIA A. 3201 NW 24TH ST RD MIAMI FL T	_	2.44 3.1 T 3.2 N 3.3 S 3.4.1	CITY-S' TITLE NAME STREET CITY-S'	T-ZIP ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME	S DIAZ, LILIA A. 3201 NW 24TH ST RD MIAMI FL T ISERN, JORGE E.	_	2.44 3.1 T 3.2 N 3.3 S 3.4.0 4.1 T 4.2 I	CITY-S TITLE NAME STREET CITY-S TITLE NAME	T-ZIP ADDRESS T-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S DIAZ, LILIA A. 3201 NW 24TH ST RD MIAMI FL T ISERN, JORGE E. 3201 NW 24TH ST RD	_	2.40 3.17 3.2N 3.3 \$ 3.4.0 4.17 4.20	CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	T. ZIP ADDRESS T. ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAZ, LILIA A. 3201 NW 24TH ST RD MIAMI FL T ISERN, JORGE E. 3201 NW 24TH ST RD MIAMI FL	☐ DELETE	2.44 3.17 3.2N 3.35 3.4.1 4.17 4.21 4.35	CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	T. ZIP ADDRESS T. ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S DIAZ, LILIA A. 3201 NW 24TH ST RD MIAMI FL T ISERN, JORGE E. 3201 NW 24TH ST RD MIAMI FL V	_	2.44 3.17 3.2N 3.35 3.4.1 4.17 4.21 4.35 4.40	CITY-S TITLE STREET CITY-S TITLE NAME STREET CITY-SI TITLE	T. ZIP ADDRESS T. ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAZ, LILIA A. 3201 NW 24TH ST RD MIAMI FL T ISERN, JORGE E. 3201 NW 24TH ST RD MIAMI FL	☐ DELETE	2.44 3.17 3.2N 3.3S 3.4. 4.17 4.21 4.3S 4.4C 5.17 5.2N	CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-SI TITLE NAME	T. ZIP ADDRESS T. ZIP ADDRESS T. ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	S DIAZ, LILIA A. 3201 NW 24TH ST RD MIAMI FL T ISERN, JORGE E. 3201 NW 24TH ST RD MIAMI FL V LAMBRAKOPOULOS, JOHN	☐ DELETE	2.44 3.17 3.2N 3.3S 3.4. 4.17 4.21 4.3S 4.4C 5.17 5.2N	CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-SI TITLE NAME	T. ZIP ADDRESS T. ZIP		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S DIAZ, LILIA A. 3201 NW 24TH ST RD MIAMI FL T ISERN, JORGE E. 3201 NW 24TH ST RD MIAMI FL V LAMBRAKOPOULOS, JOHN 3201 NW 24TH ST RD	☐ DELETE	2.44 3.17 3.2N 3.3S 3.4. 4.17 4.21 4.3S 4.4C 5.17 5.2N	CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-SI TITLE NAME	T. ZIP ADDRESS T. ZIP ADDRESS T. ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S DIAZ, LILIA A. 3201 NW 24TH ST RD MIAMI FL T ISERN, JORGE E. 3201 NW 24TH ST RD MIAMI FL V LAMBRAKOPOULOS, JOHN	☐ DELETE	2.44 3.17 3.2N 3.3S 3.4. 4.17 4.21 4.3S 4.4C 5.17 5.2N 5.3S	CITY-S' TITLE NAME STREET CITY-S' TITLE STREET CITY-SI TITLE NAME STREET	T. ZIP ADDRESS T. ZIP ADDRESS T. ZIP		☐ Change	Addition

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 changes or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

NAMÉ

STREET ADDRESS

Jorge Isern / Treasurer

APR 28 1999

(305)637-8963

= ::::

===

 $\equiv \pm i$

FILED

May 04, 1999 8:00 am Secretary of State

05-04-1999 90194 025 ***150.00