

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G00877** (2)

1. Corporation Name

**NORSE DIESEL REPAIRS (FLORIDA), INC.**



Principal Place of Business

**2144 NW 7TH AVE  
MIAMI FL 33127  
US**

Mailing Address

**C/O JEFFREY A. BERNSTEIN  
100 N. BISCAYNE BLVD. #1707  
MIAMI FL 33132  
US**

|                                                                                                                                                  |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>09/21/1982</b>                                                                                           | 3a. Date of Last Report<br><b>02/13/1995</b> |
| 4. FEI Number<br><b>59-0226752</b>                                                                                                               | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                     | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                               | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                              |
| 10. Name and Address of New Registered Agent                                                                                                     |                                              |

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

**BERNSTEIN, JEFFREY A.  
100 N. BISCAYNE BLVD., SUITE 1707  
MIAMI FL 33132**

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 of the individual who is the registered agent for the corporation

Signature of the individual who is the registered agent for the corporation

(DATE)

| 12. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| 12.1 NAME                  | <input type="checkbox"/> DELETE |
| 12.2 STREET ADDRESS        |                                 |
| 12.3 CITY-STATE-ZIP        |                                 |
| 12.4 NAME                  | <input type="checkbox"/> DELETE |
| 12.5 STREET ADDRESS        |                                 |
| 12.6 CITY-STATE-ZIP        |                                 |
| 12.7 NAME                  | <input type="checkbox"/> DELETE |
| 12.8 STREET ADDRESS        |                                 |
| 12.9 CITY-STATE-ZIP        |                                 |
| 12.10 NAME                 | <input type="checkbox"/> DELETE |
| 12.11 STREET ADDRESS       |                                 |
| 12.12 CITY-STATE-ZIP       |                                 |
| 12.13 NAME                 | <input type="checkbox"/> DELETE |
| 12.14 STREET ADDRESS       |                                 |
| 12.15 CITY-STATE-ZIP       |                                 |
| 12.16 NAME                 | <input type="checkbox"/> DELETE |
| 12.17 STREET ADDRESS       |                                 |
| 12.18 CITY-STATE-ZIP       |                                 |
| 12.19 NAME                 | <input type="checkbox"/> DELETE |
| 12.20 STREET ADDRESS       |                                 |
| 12.21 CITY-STATE-ZIP       |                                 |
| 12.22 NAME                 | <input type="checkbox"/> DELETE |
| 12.23 STREET ADDRESS       |                                 |
| 12.24 CITY-STATE-ZIP       |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 13.1 TITLE                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME                                             |                                                                   |
| 13.3 STREET ADDRESS                                   |                                                                   |
| 13.4 CITY-STATE-ZIP                                   |                                                                   |
| 13.5 TITLE                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 NAME                                             |                                                                   |
| 13.7 STREET ADDRESS                                   |                                                                   |
| 13.8 CITY-STATE-ZIP                                   |                                                                   |
| 13.9 TITLE                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 NAME                                            |                                                                   |
| 13.11 STREET ADDRESS                                  |                                                                   |
| 13.12 CITY-STATE-ZIP                                  |                                                                   |
| 13.13 TITLE                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 NAME                                            |                                                                   |
| 13.15 STREET ADDRESS                                  |                                                                   |
| 13.16 CITY-STATE-ZIP                                  |                                                                   |
| 13.17 TITLE                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.18 NAME                                            |                                                                   |
| 13.19 STREET ADDRESS                                  |                                                                   |
| 13.20 CITY-STATE-ZIP                                  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jeffrey A. Bernstein*  
**LEIDOLF SOLVIK**  
**DPF**

**01-19-96**

**(305)  
326-8865**

CR2E034 (12/95)