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 # G00877 1. Corporation Name

NORSE DIESEL REPAIRS (FLORIDA), INC.

							<u> </u>	101 IBBU 1 38 1 B		
Principal Place	e of Business	Ma	ailing Address		•					
2144 NW 7TH AVE MIAMI FL 33127 US		100	C/O JEFFREY A. BERNSTEIN 100 N. BISCAYNE BLVD. #1707 MIAMI FL 33132				DO NOT WRITE IN THIS SPACE			
03		US					3. Date Incorporated or Qua			·
	,	00	,				09/21/1982			
2. Principal P	Place of Business	2a.	Mailing Address				4. FEI Number		Ap	plied For
21		26					59-0226752		No	t Applicable
Suite, Apt.	#, etc:		Suite, Apt. #, etc.				5. Certifcate of Status Desir	ed 🗆	\$8.75 A	
22		27								
City & Stat	te	<u> </u>	City & State				6. Election Campaign Finan	cing	\$5.00	· · · · · · · · · · · · · · · · · · ·
23	·	28					Trust Fund Contribution		Added t	o Fees
Zip	Country	Щ.	Zip		ountry		8. This corporation owes the	current yea		C 7
24	25	29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Regis	tered Agent				10. Name and Address of N	ew Registe	red Agent	
	1.29 (1.5 4)				81	Name				
BER	INSTEIN, JEFFREY A.	3			82	Stepat Adden	ss (P.O. Box Number is Not Ac	centable)		
100 N. BISCAYNE BLVD., SUITE 1707			+ \$			Street Addre	ss (F.O. DOX Number is Not Ac	coptable	and the sear front services	r , to water to a
MIAN	MI FL 33132				83		Property of the same	3.25 (3) (11 () [] []	图 加州
					84	City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip (ode
:	,				04	City			FL ST LIFT	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florid	ia. Such change was a	utnonze	ea by t	tne corporatioi	ration submits this statement for a board of directors. I hereby	r the purpos accept the a	e of changing its ppointment as re	registered gistered
OLONIATURE	•									
SIGNATURE	Signature, typed or printed name of registered ager	nt and title	if applicable. (NOTE	: Registere	ed Agent	t signature required		DATI		<u></u>
12,	Signature, typed or printed name of registered ager OFFICERS AN		CTORS	Registere		t signature required	when reinstating) 1 2 2 2 ADDITIONS/CHANGES TO		AND DIRECTO	
	Signature, typed or printed name of registered ager			13		t signature required				RS IN 12
12,	Signature, typed or printed name of registered ager OFFICERS AN		CTORS	1.1		t signature required			AND DIRECTO	
12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN	ID DIRE	CTORS	13 1.1 1 1.21	TITLE NAME	t signature required ADDRESS			AND DIRECTO	
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN 100 N BISCAYNE BLVD, #170	ID DIRE	CTORS	13 1.1 1 1.21 1.33	TITLE NAME STREET	ADDRESS			AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN	ID DIRE	CTORS	13 1.11 1.21 1.33 1.40	TITLE NAME STREET	ADDRESS			AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN 100 N BISCAYNE BLVD, #170	ID DIRE	CTORS	13 1.11 1.21 1.33 1.44 2.11	TITLE NAME STREET CITY-ST	ADDRESS			S AND DIRECTO	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN 100 N BISCAYNE BLVD, #170	ID DIRE	CTORS	13 1.11 1.21 1.33 1.40 2.11 2.21	TITLE NAME STREET CITY-ST TITLE NAME	ADDRESS I-ZIP			S AND DIRECTO	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN 100 N BISCAYNE BLVD, #170	ID DIRE	CTORS	13 1.11 1.21 1.33 1.40 2.11 2.21 2.33	NAME STREET CITY-ST TITLE NAME STREET	ADDRESS 1-ZIP ADDRESS			S AND DIRECTO	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN 100 N BISCAYNE BLVD, #170	ID DIRE	DELETE	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-SI	ADDRESS 1-ZIP ADDRESS			S AND DIRECTO Change Change Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN 100 N BISCAYNE BLVD, #170	ID DIRE	CTORS	13 1.17 1.28 1.33 1.40 2.17 2.21 2.33 2.4 3.17	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-SI TITLE	ADDRESS 1-ZIP ADDRESS			S AND DIRECTO	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN 100 N BISCAYNE BLVD, #170	ID DIRE	DELETE	13 1.1 1.2 1.3 1.40 2.1 2.2 2.3 2.4 3.1 3.2	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-SI TITLE	ADDRESS 1-ZIP ADDRESS 1-ZIP			S AND DIRECTO Change Change Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN 100 N BISCAYNE BLVD, #1707 MIAMI FL 33132	ID DIRE	DELETE	13 1.1 1.2 1.3 1.40 2.1 2.2 2.3 2.4 3.1 3.2	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-SI TITLE	ADDRESS 1-ZIP ADDRESS			S AND DIRECTO Change Change Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN 100 N BISCAYNE BLVD, #1707 MIAMI FL 33132	ID DIRE	DELETE	133 1.17 1.21 1.33 1.44 2.17 2.21 2.33 2.4 3.17 3.21 3.33	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-SI TITLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS		OFFICERS	S AND DIRECTO Change Change Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN 100 N BISCAYNE BLVD, #1707 MIAMI FL 33132	ID DIRE	DELETE	133 1.17 1.21 1.33 1.40 2.17 2.21 2.33 2.4 3.17 3.21 3.33 3.4.	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET STREET	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS			S AND DIRECTO Change Change Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN 100 N BISCAYNE BLVD, #1707 MIAMI FL 33132	ID DIRE	DELETE	133 1.17 1.21 1.38 1.44 2.17 2.21 2.33 2.4 3.17 3.21 3.33 3.4.	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI CITY-SI CITY-SI CITY-SI	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS		OFFICERS	S AND DIRECTO Change Change Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN 100 N BISCAYNE BLVD, #170 MIAMI FL 33132	ID DIRE	DELETE	13 1.11 1.21 1.33 1.44 2.11 2.21 2.33 2.4 3.11 3.21 3.33 3.4. 4.11	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS		OFFICERS	S AND DIRECTO Change Change Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN 100 N BISCAYNE BLVD, #170 MIAMI FL 33132	ID DIRE	DELETE	133 1.17 1.21 1.33 1.44 2.17 2.21 2.33 2.4 3.17 3.21 3.34 4.17 4.2 4.33	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET STREET CITY-SI TITLE NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS		OFFICERS	S AND DIRECTO Change Change Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN 100 N BISCAYNE BLVD, #170 MIAMI FL 33132	ID DIRE	DELETE	13 1.11 1.21 1.33 1.44 2.11 2.21 2.33 2.4 3.11 3.21 3.34 4.11 4.22 4.33 4.44	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS		OFFICERS	S AND DIRECTO Change Change Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN 100 N BISCAYNE BLVD, #170 MIAMI FL 33132	ID DIRE	DELETE	133 1.11 1.21 1.33 1.40 2.11 2.21 2.33 2.4 3.11 3.21 3.33 3.4. 4.11 4.2 4.33 4.40 5.11	ITITLE NAME STREET. CITY-ST TITLE NAME STREET. CITY-ST TITLE NAME STREET. CITY-SI TITLE NAME STREET. CITY-SI TITLE NAME STREET. CITY-SI	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS		OFFICERS	Change Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN 100 N BISCAYNE BLVD, #1707 MIAMI FL 33132	ID DIRE	DELETE	13 1.11 1.21 1.33 1.44 2.11 2.21 2.33 2.4 3.11 3.21 3.34 4.11 4.22 4.33 4.44 5.11 5.21	TITLE NAME STREET TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET TITLE NAME NAME NAME NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS		OFFICERS	Change Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN 100 N BISCAYNE BLVD, #1707 MIAMI FL 33132	ID DIRE	DELETE	13 1.11 1.21 1.33 1.44 2.11 2.21 2.33 2.4 3.11 3.21 3.34 4.11 4.22 4.33 4.44 5.11 5.21	TITLE NAME STREET TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET TITLE NAME NAME NAME NAME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP		OFFICERS	Change Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN 100 N BISCAYNE BLVD, #1707 MIAMI FL 33132	ID DIRE	DELETE	133 1.11 1.21 1.33 1.40 2.11 2.21 2.33 2.4 3.11 3.21 3.34 4.11 4.2 4.33 4.40 5.11 5.21 5.33 5.44	TITLE NAME STREET COTY-ST NAME STREET COTY-SI TITLE NAME STREET COTY-SI TITLE NAME STREET STREET TITLE NAME STREET STREET TITLE NAME STREET	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP		OFFICERS	Change Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PVST SOLVIK, JORUNN 100 N BISCAYNE BLVD, #1707 MIAMI FL 33132	7	DELETE DELETE DELETE	133 1.17 1.21 1.33 1.40 2.17 2.21 2.33 2.4 3.17 3.21 3.34 4.17 4.2 4.33 4.41 5.17 5.21 5.33 5.44 6.17	TITLE NAME STREET TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME CITY-ST CITY-ST CITY-ST CITY-ST	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP		OFFICERS	Change Change Change	Addition Addition Addition Addition Addition

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.

6.4 CITY-ST-ZIP

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90015 003 ***150.00