

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **J22587** (6)
1. Corporation Name
TRACTO DIESEL CORP.

95 JAN 19 PK 2:49

Principal Place of Business Mailing Address
6962 N.W. 50 ST MIAMI FL 33166
6962 N.W. 50 ST MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/07/1986** 3a. Date of Last Report **02/10/1994**
4. FEI Number **59-2672335** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **7365 N.W. 54 ST** 26 **7365 N.W. 54 ST**
22 Suite, Apt #, etc 27 Suite, Apt #, etc
23 City & State **MIAMI, FL** 28 City & State **MIAMI, FL**
24 Zip **33166** 25 Country 29 Zip **33166** 30 Country

9. Name and Address of Current Registered Agent
MENESES, LEONIDAS
6962 N.W. 50 ST.
MIAMI FL 33166

10. Name and Address of New Registered Agent
81 Name **LEONIDAS MENESES**
82 Street Address (P.O. Box Number is Not Acceptable) **7365 N.W. 54 ST**
83
84 City **MIAMI** 85 Zip Code **FL 33166**

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 **LEONIDAS MENESES** 01/13/95
(Signature) (Typed Name) (Date)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD MENESES, LEONIDAS 6962 N.W. 50 ST. MIAMI FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	STD ARBELAEZ, MARIA J. 6962 N.W. 50 ST. MIAMI FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD MENESES, LEONIDAS 7365 N.W. 54 ST MIAMI, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	STD ARBELAEZ, MARIA J. 7365 N.W. 54 ST MIAMI, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information contained in 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. 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 of this report as an officer or director of the corporation.

SIGNATURE:  **LEONIDAS MENESES** 01/13/95 305 888 8836
(Signature) (Typed Name) (Date) (Phone Number)