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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **K64685** **(6)**

1. Corporation Name

**REAL DIESEL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 8390 NW 53RD ST., #300<br>MIAMI FL 33166-4668 | 8390 NW 53RD ST., #300<br>MIAMI FL 33166-4668 |

3. Date Incorporated or Qualified: **02/10/1989**
3a. Date of Last Report: **08/09/1995**
4. FEI Number: **59-2621838** ☐ 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 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip: 24 / County: 25 | Zip: 29 / County: 30 |

9. Name and Address of Current Registered Agent

**AUSTIN, RICHARD B**
**8390 NW 53RD STREET**
**SUITE 300**
**MIAMI FL 33166**

10. Name and Address of New Registered Agent

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 607.0505 and 607.1505, 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 _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1 TITLE | ☐ Change ☐ Addition |
| NAME | ALVAREZ, NESTOR E. | | 1 NAME | |
| STREET ADDRESS | 8251 NW 8 ST. #309 | | 1 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | | 1 CITY-ST-ZIP | |
| TITLE ** | / VP / | ☐ DELETE | 2 TITLE | ☐ Change ☐ Addition |
| NAME | / /ALVAREZ, NATHAN/ | | 2 NAME | |
| STREET ADDRESS | / /1230 NW 5 TERRACE/ | | 2 STREET ADDRESS | |
| CITY-ST-ZIP | / /MIAMI FL/ / | | 2 CITY-ST-ZIP | |
| TITLE | SD | ☐ DELETE | 3 TITLE | ☐ Change ☐ Addition |
| NAME | PINON, ADDYS | | 3 NAME | |
| STREET ADDRESS | 8251 NW 8 ST. #309 | | 3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | | 3 CITY-ST-ZIP | |
| TITLE | VP | ☐ DELETE | 4 TITLE | ☐ Change ☐ Addition |
| NAME | MOREIRA, EDUARDO | | 4 NAME | |
| STREET ADDRESS | 6424 S.W. 107 PL | | 4 STREET ADDRESS | |
| CITY-ST-ZIP | Miami, FL 33173 | | 4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5 NAME | |
| STREET ADDRESS | | | 5 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6 TITLE | ☐ Change ☐ Addition |
| NAME | **RESIGNED AS OF 4/1/96 | | 6 NAME | |
| STREET ADDRESS | | | 6 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6 CITY-ST-ZIP | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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:** Addys Pinon — Addys Pinon 4/1/96 — (305) 592-0036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #