

FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 APR 14 AM 8:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILING FEE	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #L9400000085
DIESEL MARKETING SERVICES INTERNATIONAL, L
.C.
%WADID MOUSSA
1992 ARVIS CIRCLE EAST
CLEARWATER FL 34624

1a. Principal Place of Business Address
%WADID MOUSSA
1992 ARVIS CIRCLE EAST
CLEARWATER FL 34624

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
02/23/1994	FL
4. FEI Number	<input type="checkbox"/> Applied For
59-3226598	<input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired
05/01/1996	SB 7a Addition # Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
MOUSSA, WADID
1992 ARVIS CIRCLE E.
CLEARWATER FL 34624

8. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code
	FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MOUSSA, WADID	1992 ARVIS CIRCLE EAST	CLEARWATER FL
MGRM	SCHROEDER, STUART R	20800 SWENSON DR., SUITE 1	WAUKESHA WI
MGRM	BURGGRAF, AXEL	BARBARASTRASSE 9	39218 SCHONEBECK GERM
MGRM	BURGGRAF, JURGEN DR.	BARBARASTRASSE 9,	39218 SCHONEBECK GERM
MGRM	BURGGRAF, CAROLA	BARBARASTRASSE 9,	39218 SCHONEBECK GERM

800002143938-7
 -04/15/97--01089
 ***203.75 ***203.75

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: WADID MOUSSA 4-10-97 (813) 538-9265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #