

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
98 APR 22 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9400000085 DIESEL MARKETING SERVICES INTERNATIONAL, I .C. %WADID MOUSSA 1992 ARVIS CIRCLE EAST CLEARWATER FL 34624 33764
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1a. Principal Place of Business Address %WADID MOUSSA 1992 ARVIS CIRCLE EAST CLEARWATER FL 34624

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

3. Date Organized or Qualified	3a. State of Formation
02/23/1994	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-3226598	
5. Date of Last Report	6. Certificate of Status Desired
04/14/1997	\$8.75 Additional 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/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 20800 SWENSON DR. SUITE 1 City WAUKESHA WI Zip Code 53095 State WI

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, JURGEN DR.	%BARBARASTRASSE 9	39218 SCHONEBECK GER

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 MOUSSA, WADID 4-18-98 (813) 530-9509
 SIGNATURE AND TYPE (OR PRINT) NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #