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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000000295 (4)**

1. Corporation Name
DIESEL TECH OF THE TREASURE COAST, INC.

Principal Place of Business	Mailing Address
20855 NE 16TH AVE STE C-30 N MIAMI BCH FL 33179 US	20855 NE 16TH AVE STE C-30 N MIAMI BCH FL 33179-2139 US

3. Date Incorporated or Qualified: 01/04/1993
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0383062 ☐ 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

9. Name and Address of Current Registered Agent

PIREZ, ALBERT J
20855 NE 16TH AVE
STE C-30
N MIAMI BCH FL 33179

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 4420 HARRISON STREET

83

84 City: HOLLYWOOD FL 85 Zip Code: 33021

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	PIREZ, ALBERT J		1.2 NAME	
STREET ADDRESS	20855 NE 16TH AVE, UNIT C-30		1.3 STREET ADDRESS	4420 HARRISON STREET
CITY-ST-ZIP	N MIAMI BCH FL		1.4 CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	VSTD	☐ DELETE	2.1 TITLE	STD ☒ Change ☐ Addition
NAME	PIREZ, MICKEY C		2.2 NAME	
STREET ADDRESS	20855 NE 16TH AVE, UNIT C-30		2.3 STREET ADDRESS	4420 HARRISON STREET
CITY-ST-ZIP	N MIAMI BCH FL		2.4 CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE		☐ DELETE	3.1 TITLE	V ☐ Change ☒ Addition
NAME			3.2 NAME	ROBERT T. SCOTT
STREET ADDRESS			3.3 STREET ADDRESS	1504 NE 16 AVENUE
CITY-ST-ZIP			3.4 CITY-ST-ZIP	FT LAUDERDALE FL 33304
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. 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 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.

SIGNATURE: Mickey Pirez 4-14-97 305-653-8890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0242977