FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90025 045 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000000295**

STREET ADDRESS

DIESEL TECH OF THE TREASURE COAST, INC.

Principal Place	of Business	Mailing Address						
20855 NE 16TH AVE		4420 HARRISON ST		• 📗				
STE C-30		HOLLYWOOD FL 33021		DO NOT WRITE IN THIS SPACE				
N MIAMI BCH FL 33179		us	US		3. Date Incorporated or Qualifed			
US					01/04/1993			
6 D (a d D)	and Projects	2a. Mailing Address			4. FEI Number	/	Applied For	
2. Principal Place of Business		26		65-0383062		Not Applicable		
21 Suite Art # etc		Suite, Apt. #, etc.			\$8.75	Additional		
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	Fee	Required		
City & State		City & State		6. Election Campaign Financing	\$5.0	May Be		
City & State		28		Trust Fund Contribution	Adde	d to Fees		
Zip	Country		Country		8. This corporation owes the current year in	tangible		
—	[25]	29 30			Personal Property Tax.	Yes	□No	
24	9. Name and Address of Currer				10. Name and Address of New Registered	Agent		
	3. Name and Address 5. 55.15.		81	Name			\ \	
PIRE	z, albert j		00	Ctt Add	ress (P.O. Box Number is Not Acceptable)			
	HARRISON STREET	82 Si		Street Addi	T Address (P.O. Box Number is Not Acceptable)			
	LYWOOD FL 33021		83		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
						05 7	p Code	
			84	City	Fi	_ 85 Zi	p Code	
		20 4 CO7 1509 Elorido Statutes II	a abov	e-named corr	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	f changing	its registered	
					on's board of directors. I hereby accept the appo	intment as	registered	
agent. I ar	n familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statutes	i.		•		
SIGNATURE				-t -it require	ed when reinstating) DATE			
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Regre ND DIRECTORS	13.	III SIGNALOIO TOQUITE	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	
12.	PDCM OFFICERS AI		1.1 TITLE			Chang		
TITLE		_	1.2 NAME		•			
NAME	PIREZ, ALBERT J			T ADDRESS			}	
STREET ADDRESS	4420 HARRISON STREET						ĺ	
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-5 2.1 TITLE	51-ZIP		☐ Chang	e Addition	
TITLE	VSTD	_			·			
NAME.	PIREZ, MICKEY C		2.2 NAME					
STREET ADDRESS	4420 HARRISON STREET	1		TADDRESS	•			
CITY-ST-ZIP	HOLLYWOOD FL 33021		2. 4 CITY-	ST-ZIP		Chang	ge Addition	
TITLE		☐ DELETE	3.1 TITLE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME			3.2 NAME				j	
STREET ADDRESS			3.3 STRE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			ge . Addition	
TITLE		☐ DELETE	4.1 TITLE		, ,	. 🔲 Chan	ge . 🗀 Addidon [
NAME			4. 2 NAME		•			
STREET ADDRESS			4.3 STREI	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Chan	ge 🗌 Addition	
NAME		Į.	5.2 NAME			,	Į	
1			5.3 STRE	ET ADDRESS		•	ļ	
STREET ADDRESS			5.4 CITY-	ST-ZIP	·			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Chan	ge	
TITLE		_	6.2 NAME					
NAME	1							

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP