FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000028334 (9)**

1. Corporation Name
SOUTHERN DIESEL SYSTEMS INC.

Principal Place of Business	Mailing Address
244 SW 6TH ST MIAMI FL 33130	244 SW 6TH ST MIAMI FL 33130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/16/1993	07/07/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	65-0402694	Applied For ☐ Not Applicable ☐
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324	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 607.0502 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	CD	1.1 TITLE		☐ Change ☒ Addition
NAME	BATTEN, M. E	1.2 NAME		
STREET ADDRESS	1328 RACINE ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	RACINE WI	1.4 CITY-ST-ZIP	53403	
TITLE	PD	2.1 TITLE		☐ Change ☒ Addition
NAME	JOYCE, M . H	2.2 NAME		
STREET ADDRESS	1328 RACINE ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	RACINE WI	2.4 CITY-ST-ZIP	53403	
TITLE	STD	3.1 TITLE		☐ Change ☒ Addition
NAME	PARRISH, J. O	3.2 NAME		
STREET ADDRESS	1328 RACINE ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	RACINE WI	3.4 CITY-ST-ZIP	53403	
TITLE	D	4.1 TITLE		☐ Change ☒ Addition
NAME	MELIK, L. J	4.2 NAME		
STREET ADDRESS	1328 RACINE ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	RACINE WI	4.4 CITY-ST-ZIP	53403	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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: James O Parrish JAMES O. PARRISH 4/21/95 414-658-4311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01B0032 CP