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FILED

Feb 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000028334 (9)

1. Corporation Name  
SOUTHERN DIESEL SYSTEMS INC.



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

Mailing Address  
244 SW 6TH ST  
MIAMI FL 33130-2911

3. Date Incorporated or Qualified  
04/16/1993

3a. Date of Last Report  
04/17/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0402694		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		Country		30 Country	
24		25		29		30	
g. 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 \_\_\_\_\_  
(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	<input type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 4/17/97 414-638-4311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)