

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90102 025 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000066585

1. Corporation Name
DIAZ DIESEL TECH, INC.

Principal Place of Business
7780 N.W. 56TH STREET
MIAMI FL 33166
US

Mailing Address
7780 N.W. 56TH STREET
BAY 111
MIAMI FL 33166
1950 N.W. 110 AVENUE
MIAMI, FLORIDA
33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/20/1993

4. FEI Number
65-0438973

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **1950 N.W. 110 AVENUE**
Suite, Apt. #, etc.

2a. Mailing Address

26 **1950 N.W. 110 AVENUE**
Suite, Apt. #, etc.

22 City & State

23 **MIAMI, FLORIDA 33172**
Zip Country

27 City & State

28 **MIAMI, FLORIDA 33172**
Zip Country

24 **US**

29 **US**

9. Name and Address of Current Registered Agent

DIAZ, ERNESTO
7780 N.W. 56TH ST.
MIAMI FL 33166

NEW ADDRESS

1950 N.W. 110 AVENUE
MIAMI, FLORIDA 33172

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DIAZ, ERNESTO	
STREET ADDRESS	7780 N.W. 56TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DIAZ, ZORAIDA	
STREET ADDRESS	7780 N.W. 56TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	XX Change <input type="checkbox"/> Addition
1.2 NAME	1950 N.W. 110 AVENUE
1.3 STREET ADDRESS	MIAMI, FLORIDA 33172
1.4 CITY-ST-ZIP	
2.1 TITLE	XX Change <input type="checkbox"/> Addition
2.2 NAME	1950 N.W. 110 AVENUE
2.3 STREET ADDRESS	MIAMI, FLORIDA 33172
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 **305-592-0504**
Date Daytime Phone #

CR2E034 (11/98)