FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000011212 (4)

	L DIESEL, INC.						
Principal Place	of Business SOUTH RIVER DR., #1	Mailing Address 11200 N.W. SOUTH F	RIVER DR., #1				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
MEDLEY FL		MEDLEY FL 33178					
				3. Date Incorporated or Qualified 02/09/1995	3a. Date	of Last Rep	****
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 65-0554925	-		pplied For lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22 27 City & State City & State				6. Flection Campaign Financing \$5.00		May Be	
23		28		Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Gountry 30	8. This corporation has liability for Florida Statutes	intangible tax No	: under s 1	199.032,
24•	9. Name and Address of Curi	29 rent Registered Agent		10. Name and Address of New F		gent	
	g, maine did near to a		81 Name			T	
, BUDBIU	GUEZ, LISSETTE		82 Street Ad	Address (P.O. Box Number is Not Acceptable)			
11200 N.W. SOUTH RIVER DR., #1 MEDLEY FL 33178				ect vocies (i.e. to vocies at the vocepholos)			
			83				
			84 City			85 Zip	Code
		00 - 1007 4000 First- Chak		oration submits this statement for the pu	FL.	noing ite re	aistared office
familiar wit	th, and accept the obligations of, S	ection 607.0505, Florida Statute	S. DTE: Bugstered Agent signative roup	and of directors. Thereby accept the app	DA†E	.,	
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF			
TITLE	PD	DELETE	1. 1 THLE 1.2 NAME		L] Change	Addition
NAME	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
STREET ADDRESS	table but by active						
CITY-ST-ZIP TITLE	SD SD	DELETE	1.4 C(TY - ST - Z(P) 2 1 T(TLE] Change	Addition
NAME	RODRIGUEZ, LISSETTE E	-	2.2 NAME				
STREET ADDRESS							
CITY-ST-ZIP	MEDLEY FL 33178		2 4 CITY - ST - ZIP		<u> </u>		
TITLE		DELETE	3 1 TITLE		L] Change	Addition
NAME			3 2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELFTE	3 4 CHY - ST - ZIP 4. 1 THLE		_	1 Change	Addition
NAME		v.cc	4.2 NAME		_		_
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4.0-TY - ST - ZIP				
TITLE		☐ DELETE	5 1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			5.4 CHY-ST-ZIP				
TITLE		☐ DELFTE	6 1 TIFLE ;	2000017	5009	β ta rge	dilion
NAME			6.2 NAME	2000017! -03/19/9601 ***200.00	14301	0 🔎	10) a
STREET ADDRESS			63 STREFT ADDRESS	***200.00		0	\$181
CITY - ST - ZIP			6.4 CHY-ST-ZIF				

14. Ido 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)(k). 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 eath; 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: >

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/30/96 (301) B76-3700