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

PROFIT CORPORATION **ANNUAL REPORT** 1998 DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000052313 (0)

FILED May 14 1998 8:00am Secretary of State

DIESE	L EXPRESS SUPPLY, INC.						
Principal Plac	pe of Business	Mailing Address			†	### ####	ALDRE HAM IRO
10202 N.W. 57TH STREET		10202 N.W. 57TH STREET					
MIAMI FL 33178 MIAMI FL 33178		CCI					
						E IN THIS SPACE	
					3. Date Incorporated or Qualified		
9 Principal S	Place of Business	2a. Mailing Address			07/06/1995		
21 820		26. Maning Address			4. FEI Number		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			65-0593311	\$Q.75	Not Applicable Additional
BAY 5		h			5. Certificate of Status Desired	1 1 7	Regulred
City & State		City & State	+ ¹		6. Election Campaign Financing		0 May Be
23 MIANI F-1		28			Trust Fund Contribution		d to Fees
Zip Country		Zip Country			8. This corporation owes or has paid the current year Intangible		
24 <i>331</i>		29	30		Personal Property Tax due June	30. X Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Re	gistered Agent	
	ION, JUAN C		81 N	amo			
	202 N.W. 57TH STREET		82 S	treet Addres	ss (P.O. Box Number is Not Acceptal	ble)	
MI	AMI FL 33178		00				
•			83				
			84 C	ity		85 Zip	Code
11 Pureuant	to the provisions of Sections 607.0502	and 607 1509 Florida Stat	utos the phous pa	mad aaraa	ration authorite this state most for the	FL " Z	(4t-4)
office or r	registered agent, or both, in the State of manifer with, and accept the obligations.	of Florida, Such change wa:	s authorized by the	e corporation	ration submits this statement for the prise points board of directors. I hereby acce	ourpose of crianging pt the appointment a	is registered
agent. I a	im familiar with, and accept the obligation	tions of Section 607.0505, I	Florida Statutes.				_
SIGNATURE	Signature, typed or printed name of registered agen	nt and Irlo if applicable (N	OTE Registered Agent sig	onalius required	when reinstalling	DATE	
12.	OFFICERS AND		13.	gratione recession	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	
NAME	ANON, JUAN C		1.2 NAME				İ
STREET ADDRESS	REET ADDRESS 10202 N.W. 57TH ST.		1.3 STREET ADD	RESS			ľ
CITY-ST-ZIP	MIAMI FL 33178		1.4 CITY - ST - ZIF	р			1
TITLE	V O	DELETE 2.17				☐ Change	Addition
NAME	ANON, AMERICA		2.2 NAME	İ			į
STREET ADDRESS	10202 N.W. 57TH ST.		2.3 STREET ADD	RESS			i
CITY-ST-ZIP	MIAMI FL 33178		2.4 CITY - ST - ZI	Р			
TITLE		[_] OELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET ADDI	ľ			
CITY-ST-ZIP TITLE		DELETE	3 4. CITY-ST-ZII	Ρ .		T Ohiman	Admin
		FT DEFEIG	4.1 TITLE			☐ Change	Addition
NAME Street address			4. 2 NAME	2500			
			4.3 STREET ADDR				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	,		Change	Addition
NAME		L. Peccie	5.2 NAME		80000252	:8638	Addition
STREET ADDRESS			5.3 STREET ADDR	DE GC	-05/19/98 0103	31039	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	- 1	***150.00		
TITLE		DELETE	6.1 TITLE	-		Change	☐ Addition
NAME			6.2 NAME			<u> </u>	11/1
STREET ADDRESS			6.3 STREET ADDR	RESS			10/1/
CITY-ST-ZIP			6.4 CITY - ST - ZIP				''\
14. I hereby c	ertify that the information supplied with	h this filing does not qualify			ection 119.07(3)(i). Florida Statutes, I	further certify that th	e information

indicated on this annual report or symptomental 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 a page or or an attachment with an address.