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2002 Uniform Business Report (UBR)

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SIGNATURE:

Apr 08, 2002 8:00 am Secretary of State **DOCUMENT #** S45822 1. Entity Name 04-08-2002 90107 001 ***300 00 DIESEL MACHINERY INTERNATIONAL U.S.A., INC. Principal Place of Business Mailing Address 2050 N.W. 95 AVE. 2060 N.W. 95 AVE. **MIAMI FL 33172** MIAMI FL 33172 US ИS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0256182 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ane MILLER, ROBERT Street Address (P.O. Box Number is Not Acceptable) 701 W. CYPRESS CREEK RD. SUITE 301 FT. LAUDERDALE FL 33309 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critería on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Addition FRANCO GIANGRADI V NAME NAME STREET ADDRESS 345 W 74TH PL STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP HIALEAH FL ☐ Delete ☐ Addition TITLE VTS TITLE Change MATUSZAK, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 345 W 74TH PL CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 repetition of the repetition

ICER OR DIRECTOR