

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90031 047 \*\*\*150.00

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1. Corporation Name

AMPRO ELECTRIC COMPANY OF MIAMI, INC.

Principal Place of Business

13800 S.W. 8TH ST.  
BOX 259  
MIAMI FL 33184

Mailing Address

13800 S.W. 8TH ST.  
BOX 259  
MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1994

4. FEI Number

65-0472974

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

7. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 379 SW 164th AVE  
Suite, Apt. #, etc.

22

City & State

23 PEMBROKE PINES, FL

Zip

24 33027

Country

25 BROWARD

9. Name and Address of Current Registered Agent

GONCALVES, CARLOS  
13800 S.W. 8TH ST.  
BOX 259  
MIAMI FL 33184

2a. Mailing Address

26 379 SW 164th AVE  
Suite, Apt. #, etc.

27

City & State

28 PEMBROKE PINES, FL

Zip

29 33027

Country

30 BROWARD

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 PTDS ☐ DELETE

NAME GONCALVES, CARLOS

STREET ADDRESS 13800 S.W. 8TH ST. BOX 259

CITY-ST-ZIP MIAMI FL 33184

TITLE SD ☒ DELETE

NAME CZAJKOWSKI, ANTOINETTE

STREET ADDRESS 3571 NW 75 WAY

CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☒ Addition

1.2 NAME GONCALVES, CARLOS

1.3 STREET ADDRESS 379 SW 164th AVE

1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33027

2.1 TITLE SD ☐ Change ☒ Addition

2.2 NAME ABREU MARIA E

2.3 STREET ADDRESS 571 E. 46th Street

2.4 CITY-ST-ZIP HIALEAH, FL 33013

3.1 TITLE TD ☐ Change ☒ Addition

3.2 NAME ZAMORA, MARIO

3.3 STREET ADDRESS 820 NW 41 Ave

3.4 CITY-ST-ZIP MIAMI, FL 33126

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

02/23/95 (3W)

Date

Daytime Phone #

0263612

CR2E034 (11/98)