

03041999-90011-023-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000009509

1. Corporation Name  
A.G. PROFESSIONAL PUMP, INC.Principal Place of Business  
6110 W. 6 AVENUE  
HIALEAH FL 33012Mailing Address  
6110 W. 6 AVENUE  
HIALEAH FL 33012

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

29

Country

30

Zip Country

9. Name and Address of Current Registered Agent

GONCALVES, AUGUSTO  
6110 W. 6 AVENUE  
HIALEAH FL 33012

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City <b>FL</b> Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508c, 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

CR20034 (1/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONCALVES, AUGUSTO		
STREET ADDRESS	6110 W. 6 AVENUE		
CITY-ST-ZIP	HIALEAH FL 33012		
TITLE	DS	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONCALVES, TANIA		
STREET ADDRESS	6110 W. 6 AVENUE		
CITY-ST-ZIP	HIALEAH FL 33012		
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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: *Augusto Goncalves*  
SIGNAL: *RE-DE-FILED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2/16/99 (305) 824-9507  
Date: *2/16/99* Daytime Phone # *(305) 824-9507*