

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4: 22

DOCUMENT # K64726 (8)

1. Corporation Name
AVIATION INSTRUMENTS REPAIR SPECIALISTS, INC

Principal Place of Business Mailing Address
665 MOKENA DRIVE, STE 104 MIAMI SPRINGS FL 33166 **665 MOKENA DRIVE, STE 104 MIAMI SPRINGS FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/10/1989** 3a. Date of Last Report **02/03/1994**
4. FEI Number **65-0102026** Applied for Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing/Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt #, etc. Suite, Apt #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**EDUARTEZ, JOSE A.
285 FAIRWAY DRIVE
MIAMI BCH FL 33141**

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 types in printed name of registered agent and the 1, apply only to the Registered Agent separate required after incorporation.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAMOS, ROBERT | 1.2 NAME | |
| STREET ADDRESS | 2940 ALTON ROAD | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI BEACH FL | 1.4 CITY - ST - ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EDUARTEZ, JOSE A. | 2.2 NAME | |
| STREET ADDRESS | 285 FAIRWAY DRIVE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI BCH FL | 2.4 CITY - ST - ZIP | |
| TITLE | VD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARBER, MARSHALL | 3.2 NAME | |
| STREET ADDRESS | 2550 FLAMINGO DRIVE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI BEACH FL | 3.4 CITY - ST - ZIP | |
| TITLE | SD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAVELO, OSCAR | 4.2 NAME | |
| STREET ADDRESS | 5425 WEST 27TH LANE | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | HALEAH FL | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included 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.

SIGNATURE: _____

SIGNATURE AND TITLE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Ramos

2/23/95 (301) 857-5601