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

DOCUMENT # P95000035184

1. Corporation Name

-UNITEK ELECTRONICS, INC. JUVER

AVIATION SERVICES, INC.

Mailing Address

Principal Place	or Business	Maining Address							
1658 S.W. 158TH AVE. PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027						DO NOT WRITE IN THIS	CDACE		
							SPACE		
						3. Date Incorporated or Qualifed			
		_				05/02/1995			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied	For
21						65-0580979	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	·	5 Additi	
22 27 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						5. Certificate of Status Desired	Fee	Require	ed De
City & State City & State						6. Election Campaign Financing	ng \$5.00 May Be		
23 28						Trust Fund Contribution	Added to Fees		
Zip	Country Zip			ntry		8. This corporation owes the current year Intangible			
24	25	29 3	30			Personal Property Tax.			lo
- \1	9. Name and Address of Current	Registered Agent		l		10. Name and Address of New Registered	Agent		
			-	81	Name				
JUVER, TIRSO				_	Street Address (P.O. Box Number is Not Acceptable)				
1658 S.W. 158TH AVENUE				82	Street Addi	ress (P.O. Box Number is Not Acceptable)			J
PEMBROKE PINES FL 33027				83					-
	•				L.————————				
				84	City	FI	85 2	Zip Code	t
11 Duranont	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the a	hove	a-named com	poration submits this statement for the purpose of	changing	its regis	stered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligati	of Florida. Such change was aut	horized	iby	the corporati	on's board of directors. I hereby accept the appo	intment a	s registe	red
SIGNATURE	•								}
0,0,4,,,0,,,	Signature, typed or printed name of registered agent		<u> </u>	Agen	t signature require	ad when reinstating) DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PSVT	☐ DELETE	1,1 TI	īLΕ			Chan	ige L	Addition
NAME	Juver, Tirso		1.2 N	ME					
STREET ADDRESS	1658 S.W. 158TH AVE.		1.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL 33027		1.4 CI	TY-S	T-ZIP				
TITLE	D DELETE			īLΕ			Chan	nge 🗆	Addition
NAME	JUVER, TIRSO 2.		2.2 NA	2.2 NAME					
STREET ADDRESS	ACCOUNTS AND		2.3 51	2.3 STREET ADDRESS					
CITY-ST-ZIP	5-04 1-05-04-04-04-04-04-04-04-04-04-04-04-04-04-		2.4 C		1	نسب نود البياد والم			
TITLE			_	3.1 TITLE			Chan	nge [Addition
NAME	-	_	3.2 N]
ſ	ranness .		•	3.3 STREET ADDRESS					1
STREET ADDRESS			i		i				
CITY-ST-ZIP				3.4. CITY-ST-ZIP 4.1 TITLE			Chan	nge F	Addition
TITLE		C. DELETE	1						
NAME			4.2N						
STREET ADDRESS					ADDRESS				ļ
CITY-ST-ZIP			4.4 CI		T-ZIP		[Chan	70e F	Addition
TITLE		☐ DELETÉ	5.1 1				LJ Grian	ye L	7 70000011
NAME			52 N						ł
OTTOTAL A DODGES			■ 53 S1	REFT	LADDRESS I				ì

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE: TIRS &

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

___ Addition

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90119 028 ***150.00