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Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P96000055688 (1)**

1. Corporation Name
HEICO AVIATION PRODUCTS CORP.

Principal Place of Business	Mailing Address
C/O HEICO CORPORATION 3000 TAFT STREET HOLLWOOD FL 33021	C/O HEICO CORPORATION 3000 TAFT STREET HOLLWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1996

4. FEI Number: 65-0680321 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MENDELSON, VICTOR H ESQ.
3000 TAFT STREET
HOLLWOOD FL 33021

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	MENDELSON, VICTOR H ESQ.	1.2 NAME
STREET ADDRESS	3000 TAFT STREET	1.3 STREET ADDRESS
CITY-ST-ZIP	HOLLWOOD FL	1.4 CITY-ST-ZIP
TITLE	DC ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	MENDELSON, LAURANS A	2.2 NAME
STREET ADDRESS	3000 TAFT STREET	2.3 STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP
TITLE	DT ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	IRWIN, THOMAS S	3.2 NAME
STREET ADDRESS	3000 TAFT STREET	3.3 STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP
TITLE	S ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	VETTER, JUDITH	4.2 NAME
STREET ADDRESS	3000 TAFT STREET	4.3 STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP
TITLE	D ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	REUM, JAMES L	5.2 NAME LS
STREET ADDRESS	3000 TAFT STREET	5.3 STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP 4.15
TITLE	D ☐ DELETE	6.1 TITLE ☐ Change ☐ Addition 100002489441
NAME	MENDELSON, ERIC A	6.2 NAME -04/15/98--01042--023
STREET ADDRESS	3000 TAFT STREET	6.3 STREET ADDRESS ***2250.00
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP

CR2E034 (10/97)

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.

SIGNATURE: Thomas S Irwin 3/26/98 9549874000