

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

FILED
Jun 03, 1999 8:00 am
Secretary of State

06-03-1999 90002 001 *3,000.00

0141209

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000087816

1. Corporation Name
HEICO AEROSPACE HOLDINGS CORP.



Principal Place of Business C/O HEICO CORPORATION 3000 TAFT ST HOLLYWOOD FL 33021	Mailing Address C/O HEICO CORPORATION 3000 TAFT ST HOLLYWOOD FL 33021
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/10/1997	
4. FEI Number APPLIED FOR 65-0831428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
MENDELSON, VICTOR H
3000 TAFT ST
HOLLYWOOD 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	85 Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	MENDELSON, VICTOR H	
STREET ADDRESS	3000 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	MENDELSON, LAURANS A.	
STREET ADDRESS	3000 TAFT STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	THOMAS, IRWIN S	
STREET ADDRESS	3000 TAFT STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MENDELSON, ERIC A.	
STREET ADDRESS	3000 TAFT STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	REUM, JAMES L	
STREET ADDRESS	3000 TAFT STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLFGANG, MAYRHUBER	
STREET ADDRESS	3000 TAFT STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HEBARDT, Walter	
1.3 STREET ADDRESS	3000 TAFT street	
1.4 CITY-ST-ZIP	Hollywood, FL 33021	
2.1 TITLE	etendre, Elizabeth R	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	3000 TAFT street	
2.4 CITY-ST-ZIP	Hollywood, FL 33021	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ DATE: **5/05/99** DAYTIME PHONE #: **954-987-4000**

CR2E034 (11/98)