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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000023238 (4)

AMERICAN AVIONICS SYSTEMS, INC.

Principal Place of Business	Mailing Address
5399 NW 36TH STREET MIAMI FL 33166	5399 NW 36TH STREET Miami Fl 33166

FILED May 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/15/1996 2. Principal Place of Business 2a. Mailing Address Applied For 65-1625237 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Ζıρ Country Zφ Country 8. This corporation owes or has paid the current year Intangible 24 30 □ No 25 Personal Property Tax due June 30. ☐ Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LOPEZ, ELIZABETH 4801 WEST 8TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 City Zip Code 85 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, typod or printed name of regulered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE NAME LOPEZ, ELIZABETH 12 NAME STREET ADDRESS 4601 WEST 8TH COURT 1.3 STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE **5.1 TITLE** NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$T - ZIP CITY - ST - ZIP DELETÉ Change Addition TITLE 6.1 TITLE MALE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this fiting 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: