2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 04, 2004 8:00 am **Secretary of State DOCUMENT # P01000063125** 1. Entity Name 02-04-2004 90027 014 ***150.00 ARC AVIONICS CORP. Principal Place of Business Mailing Address 5595 NW 36 STREET 5595 NW 36 STREET 54002587 MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FE! Number 65-1119199 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ose Fandino BARQUERO, LINDELENA (P.O. Box Number is Not Acceptable) 5595 NW 36 STREET MIAMI SPRINGS FL 33166 Zip Code City miami 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE VPD TITLE Change ☐ Addition Delete BARQUERO, LINDELENA NAME NAME 888 BRICKELL KEY DRIVE #1207 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33131 CITY-ST-ZIP PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition GIL. RENE NAME NAME **7300 SW 4 STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition PONTOJA, ADAN NAMÉ STREET ADDRESS 969 NW 126 PATH STREET ADDRESS CITY-ST-ZIP MIAMI FL 33182 CITY-ST-ZIP SD ☐ Delete Addition FANDINO, JOSE NAME NAME 7941 SW 152 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition RAMOS, HERNAN MAME NAME 15021 SW 145 CT. STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. 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 report or supplemental 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 10 or Block 11 if

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED