

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098062

Entity Name: AVIATION FACILITIES, INC.**Current Principal Place of Business:**C/O HEICO CORPORATION
3000 TAFT STREET
HOLLYWOOD, FL 33021**Current Mailing Address:**C/O HEICO CORPORATION
3000 TAFT STREET
HOLLYWOOD, FL 33021**FEI Number:** 03-0377215**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MENDELSON, VICTOR HESQ.
825 BRICKELL BAY DR
1644
MIAMI, FL 33131 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	MACAU JR., CARLOS L.
Address	3000 TAFT STREET
City-State-Zip:	HOLLYWOOD FL 33021
Title	ASST. SECRETARY
Name	VETTER, JUDITH W.
Address	825 BRICKELL BAY DRIVE SUITE 1644
City-State-Zip:	MIAMI FL 33131

Title	SECRETARY
Name	LETENDRE, ELIZABETH R.
Address	825 BRICKELL BAY DRIVE SUITE 1644
City-State-Zip:	MIAMI FL 33131
Title	ASST. SECRETARY
Name	MARTINEZ, JULISSA P.
Address	3000 TAFT STREET
City-State-Zip:	HOLLYWOOD FL 33021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS L. MACAU JR.

TREASURER

03/22/2019

Electronic Signature of Signing Officer/Director Detail_____
Date