

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # 198833 1. Entity Name HEICO AEROSPACE CORPORATION			
Principal Place of Business 3000 TAFT STREET HOLLYWOOD, FL 33021		Mailing Address 3000 TAFT STREET HOLLYWOOD, FL 33021	
DO NOT WRITE IN THIS SPACE			
		04112007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-0791770	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENDELSON, VICTOR H 3000 TAFT STREET HOLLYWOOD, FL 33021		DO NOT WRITE IN THIS SPACE	
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) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LETENDRE, ELIZABETH R 3000 TAFT ST HOLLYWOOD, FL 33021		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDELSON, ERIC 3000 TAFT ST HOLLYWOOD, FL 33021		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT IRWIN, THOMAS 3000 TAFT ST HOLLYWOOD, FL 33021		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VETTER, JUDITH W 3000 TAFT ST HOLLYWOOD, FL 33021		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4-12-07 954-744-756	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	