FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **399294** **(8)**

1. Corporation Name

ELECTRA AIRCRAFT PARTS, INC.

Principal Place of Business

8365 N.W.36 STREET
MIAMI FL 33166

Mailing Address

8365 N.W.36 STREET
MIAMI FL 33166

3. Date Incorporated or Qualified: **04/14/1972**

3a. Date of Last Report: **04/21/1995**

4. FEI Number: **59-1389212** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

CHABROW, PENN B ESQ.
777 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: **JOSEPH T. CAMILLERI**
82 Street Address (P.O. Box Number is Not Acceptable): **8365 N.W. 36TH ST.**
83
84 City: **MIAMI** **FL** 85 Zip Code: **33166**

11. Pursuant to the provisions of Sections 607.1007 and 617.1007, 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 607.325, Florida Statutes.

SIGNATURE: **Joseph T. Camilleri** Date: **4/25/96**

12. OFFICERS AND DIRECTORS

TITLE	**PD**	☐ DELETE
NAME	**CAMILLERI, JOSEPH**	
STREET ADDRESS	**8365 N.W. 36TH STREET**	
CITY-ST-ZIP	**MIAMI FL**	
TITLE	**D**	☐ DELETE
NAME	**CAMILLERI, VIOLET**	
STREET ADDRESS	**8365 N.W. 36TH STREET**	
CITY-ST-ZIP	**MIAMI FL**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby 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 12 or Block 13 if changed, or added, above.

SIGNATURE: **Joseph T. Camilleri** **JOSEPH T. CAMILLERI** **4/25/96** **305-5912660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)