# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

FILED

DOCUMENT # 522065 (2)

1. Corporation Name

AVIONICS & AIRCRAFT SYSTEMS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7110 NW 52ND ST.<br>P O BOX 523929<br>MIAMI FL 33152-3929<br>US | 7110 NW 52ND ST.<br>P O BOX 523929<br>MIAMI FL 33152-3929<br>US |

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 12/02/1976

3a. Date of Last Report: 01/24/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-1709651 — Applied For / Not Applicable

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired: X — $0.75 Additional Fee Required

City & State — 28

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

Zip — 24 — Country — 25 — Zip — 29 — Country — 30

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

9. Name and Address of Current Registered Agent

MURCIA, JESUS
7211 SW 130 AVENUE
MIAMI FL 33183

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City — FL — 65 Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title, if applicable — NOTE: Registered Agent signature required when changing

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | MURCIA, JESUS | 12 NAME | |
| STREET ADDRESS | 7211 SW 130 AVENUE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 14 CITY-ST-ZIP | |
| TITLE | VD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | MURCIA, LUCILA BECI | 22 NAME | |
| STREET ADDRESS | 7211 S.W. 130TH AVE. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing 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 in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Lucila Beci Murcia

LUCILA BECI MURCIA /V.P.

12JANUARY95 — (305)593-1600

0163150 CP