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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000000608

1. Corporation Name

N.F.F. AVIONICS SERVICES INC.

Principal Place of Business

8361 NW 64 STREET
MIAMI FL 33166

Mailing Address

8361 NW 64 STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/02/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 05-0812023	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MANUEL, JOHN
 8361 NW 64 STREET
 MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUEL, JOHN	1.2 NAME	
STREET ADDRESS	8361 NW 64 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSROR, HADAS B	2.2 NAME	
STREET ADDRESS	12 MEDINAT HAYEHUDIM	2.3 STREET ADDRESS	
CITY-ST-ZIP	ISRAEL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NISSENSON, HAIM	3.2 NAME	
STREET ADDRESS	12 MEDINAT HAYEHUDIM	3.3 STREET ADDRESS	
CITY-ST-ZIP	ISRAEL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRINBERG, YAIR	4.2 NAME	
STREET ADDRESS	12 MEDINAT HAYEHUDIM	4.3 STREET ADDRESS	
CITY-ST-ZIP	ISRAEL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, MICHAEL	5.2 NAME	
STREET ADDRESS	8361 NW 64 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAN, ROY K	6.2 NAME	
STREET ADDRESS	2202 KODAK HOUSE II	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH POINT HONG KONG	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael May
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

(305) 891-2999

CR2E034 (11/98)