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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K50524

(3)

1. Corporation Name

AEROSERVICE AVIONICS, INC.

Principal Place of Business

5002 NW 36TH ST
MIAMI FL 33166
US

Mailing Address

P.O. BOX 520782
MIAMI FL 33152-0782
US

3. Date Incorporated or Qualified
12/08/1988

3a. Date of Last Report
06/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number

65-0094229

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

9. Name and Address of Current Registered Agent

SCOTT, STEVEN T.
3831 N.W. 60TH COURT
VIRGINIA GARDENS FL 33166

10. Name and Address of New Registered Agent

81 Name Saul J. Sack

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

5002 N.W. 36 Street

83

84 City Miami, Florida

FL

85 Zip Code 33152

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 607.1505, Florida Statutes.

SIGNATURE

Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC
NAME LA FORGIA, VITO M
STREET ADDRESS 14221 LEANING PINE DR.
CITY - ST - ZIP MIAMI LAKES FL

TITLE S
NAME SCOTT, STEVEN T.
STREET ADDRESS 3831 NW 60 COURT
CITY - ST - ZIP VIRGINIA GARDENS FL

TITLE AS
NAME LA FORGIA, LUCREZIA
STREET ADDRESS 14221 LEANING PINE DRIVE
CITY - ST - ZIP MIAMI LAKES FL

TITLE AST
NAME LA FORGIA, ANTHONY
STREET ADDRESS 14221 LEANING PINE DRIVE
CITY - ST - ZIP MIAMI LAKES FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE S
2.2 NAME Saul J. Sack
2.3 STREET ADDRESS 5002 N.W. 36 Street
2.4 CITY - ST - ZIP Miami, Florida 33152

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)