(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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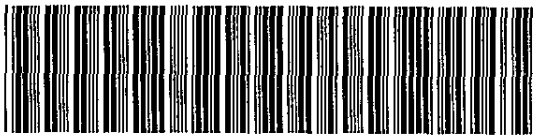

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CORPORATION ANNUAL REPORT 1995

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

FILED
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DOCUMENT # K50524 (3)

1. Corporation Name
AEROSERVICE AVIONICS, INC.

Principal Place of Business	Mailing Address
1600 N.W. 70TH AVE. MIAMI FL 33126	P.O. BOX 520782 MIAMI FL 33152 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/08/1988	3a. Date of Last Report: 08/09/1994
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	

2. Principal Place of Business	2a. Mailing Address
21 5002 NW 36 St	26 Same
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28
Zip 24 33166 Country 25	Zip 29 Country 30

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
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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature required for printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	11 TITLE		☐ Change ☐ Addition
NAME	LA FORGIA, VITO M	12 NAME		
STREET ADDRESS	14221 LEANING PINE DR.	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL	14 CITY-ST-ZIP		
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	SCOTT, STEVEN T.	22 NAME		
STREET ADDRESS	3831 NW 60 COURT	23 STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA GARDENS FL	24 CITY-ST-ZIP		
TITLE	AS	31 TITLE		☐ Change ☐ Addition
NAME	LA FORGIA, LUCREZIA	32 NAME		
STREET ADDRESS	14221 LEANING PINE DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL	34 CITY-ST-ZIP		
TITLE	AST	41 TITLE		☐ Change ☐ Addition
NAME	LA FORGIA, ANTHONY	42 NAME		
STREET ADDRESS	14221 LEANING PINE DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL	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 voluntarily furnished and 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: Steven T Scott 5-31-95 305-871-5557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0162967 CP