SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED

94 AUG -9 PM 4:1?

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K50524 (3)

1. Corporation Name
AEROSERVICE AVIONICS, INC.

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address	2a. Principal Place of Business
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/08/1988
3a. Date of Last Report: 05/01/1993
4. FEI Number: 65-0094229
5. Certificate of Status Desired: $8.75 Additional Fee Required
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status
$5.00 May Be Added to Fees
8. This corporation has ... Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCOTT, STEVEN T. 3831 N.W. 60TH COURT VIRGINIA GARDENS FL 33166	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 607.1506 or Sections 617.0502 and 617.1508, 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 or 617.0503, 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. CHANGES TO OFFICERS AND DIRECTORS	
1 1 TITLE	P/C	1 1 TITLE	400000124185034
1 2 NAME	LA FORGIA, VITO M	1 2 NAME	-08/12/94--01001--015
1 3 STREET ADDRESS	14221 LEANING PINE DR.	1 3 STREET ADDRESS	****225.00 ****225.00
1 4 CITY-ST-ZIP	MIAMI LAKES FL	1 4 CITY-ST-ZIP	
2 1 TITLE	S	2 1 TITLE	
2 2 NAME	SCOTT, STEVEN T.	2 2 NAME	
2 3 STREET ADDRESS	3831 NW 60 COURT	2 3 STREET ADDRESS	
2 4 CITY-ST-ZIP	VIRGINIA GARDENS FL	2 4 CITY-ST-ZIP	
3 1 TITLE	A/S	3 1 TITLE	
3 2 NAME	LA FORGIA LUCREZIA	3 2 NAME	
3 3 STREET ADDRESS	14221 LEANING PINE DRIVE	3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	MIAMI LAKES FL	3 4 CITY-ST-ZIP	
4 1 TITLE	A/S/T	4 1 TITLE	
4 2 NAME	LA FORGIA ANTHONY	4 2 NAME	
4 3 STREET ADDRESS	14221 LEANING PINE DRIVE	4 3 STREET ADDRESS	
4 4 CITY-ST-ZIP	MIAMI LAKES FL	4 4 CITY-ST-ZIP	
5 1 TITLE		5 1 TITLE	
5 2 NAME		5 2 NAME	
5 3 STREET ADDRESS		5 3 STREET ADDRESS	
5 4 CITY-ST-ZIP		5 4 CITY-ST-ZIP	
6 1 TITLE		6 1 TITLE	
6 2 NAME		6 2 NAME	
6 3 STREET ADDRESS		6 3 STREET ADDRESS	
6 4 CITY-ST-ZIP		6 4 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Steven T. Scott 7-25-94 305-871 5557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0167590