(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

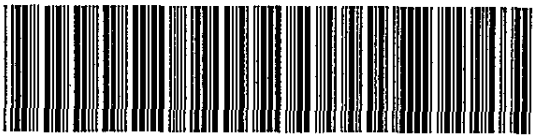
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400037613314

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST. 61.25

CORPORATION
B - 5730
ANNUAL REPORT
1991
7-2-91

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

Read Instructions on Other Side Before Making Entries

FILING FEE OF $61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation

DOCUMENT #K50524 (3)

ZIP + 4 PRESORT

PCS*16-085

AEROSERVICE AVIONICS, INC.
1600 N.W. 70TH AVE.
MIAMI, FL 33126-1312

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an Amendment

21 Street Address

22 P.O. Box No.

23 City and State

24 Zip Code

3. Date Incorporated or Qualified To Do Business In Florida: 12/08/1988

4. FEI Number: 65-0094229

FEI Number Applied For

FEI Number Not Applicable

5. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED [ ]

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
1	P/C	LA FORGIA, VITO M	14221 LEANING PINE DR.	MIAMI LAKES, FL
1x				
2	~~S/D~~	~~SMITH, JAMES LAWRENCE~~	~~6770 INDIAN CREEK DR~~	~~MIAMI BEACH, FL~~
2x				
3	D	SALAZAR, JUAQUIN	10020 NW 9 ST CIRCLE	MIAMI, FL
3x				
4				
4x	AS	Scott, Steven T.	3831 NW 60 Court	Virginia Gardens, FL
5				
5x	S/T	La Forgia, Anthony	14221 Leaning Pine Dr.	Miami Lakes, FL
6				
6x				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

SMITH, JAMES L.
1600 N.W. 70TH AVE.
MIAMI, FL 33126

8. Name and Address of New Registered Agent

87 Name: Scott, Steven T.

87 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number): 1600 NW 70 Avenue

84 City: Miami FL. 85 Zip: 33126

9. 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: Steven T Scott (Registered Agent Accepting Appointment) DATE: 6-28-91

10. I 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; I further certify 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 1 or 2 on an attachment with an address.

SIGNATURE: V. M. La Forgia DATE: 6-28-91

Typed Name of Signing Officer or Director: Vito M. La Forgia

Title: President

Telephone Number, Daytime: (305) 591-1883

FILING FEE OF $61.25 REQUIRED—Make Checks Payable To: Secretary of State $8.75 Additional Fee required for a Certificate of Status