FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # K86942 (5)

1. Corporation Name

ADVANCED AVIONICS, CORP.

Principal Place of Business

4815 NW 79 AVE
STE. 15
MIAMI FL 33166

Mailing Address

4815 NW 79 AVE
STE. 15
MIAMI FL 33166

2. Principal Place of Business
21 12714 SW 44 TERRACE
Suite, Apt. #, etc.
22 -
City & State
23 MIAMI, FL
Zip 24 33175 Country 25 U.S.A.

2a. Mailing Address
26 12714 SW. 44 TERRACE
Suite, Apt. #, etc.
27 -
City & State
28 MIAMI - FL
Zip 29 33175 Country 30 USA

3. Date Incorporated or Qualified: 05/10/1989

3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0128979 ☐ 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

AGUILA, ADRIA CONCEPCION
4815 NW 79 AVE
STE. 15
MIAMI FL 33166

10. Name and Address of New Registered Agent
81 Name AGUILA, ADRIA CONCEPCION
82 Street Address (P.O. Box Number is Not Acceptable) 12714 SW. 44 TERRACE
83
84 City MIAMI FL 85 Zip Code 33175

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	AGUILA, VICTOR M.	
STREET ADDRESS	12714 SW 44 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	AGUILA, ADRIA CONCEPCION	
STREET ADDRESS	12714 SW 44 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: Adria Concepcion Aguila · ADRIA CONCEPCION AGUILA 4/25/96 (305) 223-1757.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)