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 # **L90927** **(9)**

1. Corporation Name

AVIATION ACCESSORY SALES COMPANY, INC.

Principal Place of Business	Mailing Address
8256 NW 70TH ST MIAMI FL 33166	8256 NW 70TH ST MIAMI FL 33166

3. Date Incorporated or Qualified: **08/03/1990**

3a. Date of Last Report: **02/03/1995**

4. FEI Number: **65-0214253** ☐ 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
21
22 Suite Apt. #, etc.
23 City & State
24 Zip 25 County

2a. Mailing Address
26
27 Suite Apt. #, etc.
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent

BRYAN, MICHAEL J., SR.
8256 NW 70TH ST
MIAMI 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 Section [illegible], 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 I accept the obligations of, Section [illegible], Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BRYAN, MICHAEL, J, SR	
STREET ADDRESS	8256 NW 70TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	☐ DELETE
NAME	PADRON, CHARLES, M	
STREET ADDRESS	8256 NW 70TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☐ DELETE
NAME	CANEDA,	
STREET ADDRESS	8256 NW 70TH ST	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☒ Change ☐ Addition
32 NAME	Maria O. Caneda	
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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3.29

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14. I do hereby certify that the information supplied on this Profit Corporation Annual Report/Uniform Business Report for the current calendar year is true and accurate. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate. I understand 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 with an address.

SIGNATURE: Maria O. Caneda Executive Vice President 3-13-96 305-477-3341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE
Maria O. Caneda Treasurer