FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90069 028 ***150.00

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F & F AVIONICS PRECISION, INC.

Principal Place of Business . Mailing Address				_		2 (ODIOZI) (OI ()82) BILIS (OSI) BIBOS (BEI BIBIL GERLA DIDEL DIDEL GERLA DIDEL CON DIDEL CON DIDEL CON DIDEL			
% FRANCISCO J. GONZALEZ 7705 S.W. 66 STREET MIAMI FL 33143		% Francisco J. Gonzalez 7705 S.W. 66 Street Miami Fl 33143				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		ŀ	
						05/24/1985			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For Not Applicable	
21	H. A.	Suite, Apt. #, etc.				59-2568620		Additional	
Suite, Apt.	#, etc.	27				5. Certifcate of Status Desired		Required	
22 City & State	e .	City & State				6. Election Campaign Financing	\$5.06	0 May Be	
23	· ,	28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Countr	у		This corporation owes the current year Intangible		_	
24	25	29 3	30			Personal Property Tax.			
	9. Name and Address of Curre	nt Registered Agent		4		10. Name and Address of New Registere	d Agent		
CON	IZALEZ EDANCICOO I		8	1 Nam	e		,		
	IZALEZ, FRANCISCO J. 5 S.W. 66 STREET		8	2 Stre	et Addre	ss (P.O. Box Number is Not Acceptable)			
	MI FL 33143		8	2					
in ole All				<u> </u>					
	•		8-	4 City		F	85 Zip	o Code	
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statute:	s, the abo	ve-name	ed corpo			ts registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was autone of Section 607 0505. Flori	thorized b	y the co	rporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	ointment as	registered	
			clar			4/10	199	j	
SIGNATURE	Signature, typed or printed name of registered ag	CONC 19(0) GOTZ ent and title if applicable. (NOTE: F	Registered Ag	ent signatu	re required	when reinstating)	7		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	DT	☐ DELETE	1.1 TITLE		1		☐ Change	e 🗌 Addition	
NAME	GONZALEZ, FRANCISCO J.		1.2 NAME	i					
STREET ADDRESS	7705 S.W. 66 STREET		1.3 STRE	ET ADDRE	38				
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY-		 		Chone	Addition	
TITLE	V	☐ DELETÉ	2.1 TITLE				☐ Change	e	
NAME	GONZALEZ, MARIA R.		2.2 NAME						
STREET ADDRESS		•		ET ADDRES	3S	تــــ ـــ ـــ ـــ ـــ ــــ ــــ ــــــ	4.7	~	
CITY-ST-ZIP	MIAMI FL 33143	☐ DELETE	2. 4 CITY				☐ Change	e Addition	
TITLE			3.1 TITLE				. 🗀 🗸		
NAME			3.2 NAME						
STREET ADDRESS				ET ADDRES	20			}	
CITY-ST-ZIP		DELETE	3.4. CITY 4,1 TITLE		+-		☐ Change	e Addition	
TITLE			4, 2 NAM				<u> </u>	_ į	
NAME				ET ADDRE	20			1	
STREET ADDRESS	1 4		4.4 CITY-		~				
CITY-ST-ZIP		DELETE	5.1 TITLE				☐ Change	e 🔲 Addition	
NAME	· · · · · · · · · · · · · · · · · · ·	_	5.2 NAME				•		
STREET ADDRESS			5.3 STRE	ET ADDRÉ	ss		•	ĺ	
CITY-ST-ZIP	`.		5.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	e	
NAME			6.2 NAME	Ξ				\ -	
STREET ADDRESS			6.3 STRE	ET ADDRE	ss [ĺ	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: