
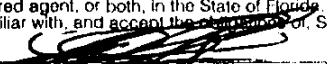



SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000022699 (0) 1. Corporation Name AVCOM AVIONICS & INSTRUMENTS INC.					
Principal Place of Business 7911 NW 72ND AVENUE 224 MIAMI FL 33166 US		Mailing Address 7911 NW 72ND AVENUE 224 MIAMI FL 33166 US			
2. Principal Place of Business 21 3008 N.W. 82 AVE Suite, Apt. #, etc. 22 City & State 23 MIAMI FLORIDA Zip 24 33122 Country 25 USA		2a. Mailing Address 26 3008 N.W. 82 AVE Suite, Apt. #, etc. 27 City & State 28 MIAMI FLORIDA Zip 29 33122 Country 30 USA		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1994 3a. Date of Last Report 06/10/1996 4. FEI Number 14-9561686 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SUAREZ, ROLANDO 7911 NW 72ND AVENUE SUITE 224 MIAMI FL 33166		10. Name and Address of New Registered Agent 81 Name SUAREZ, ROLANDO 82 Street Address (P.O. Box Number is Not Acceptable) 3008 N.W. 82 AVENUE 83 84 City MIAMI FL 85 Zip Code 33122			
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 appointment of, Section 607.0505, Florida Statutes. SIGNATURE  DATE 7/15/97 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUAREZ, ROLANDO		1.2 NAME		
STREET ADDRESS	9475 NW 52ND DORAL LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178		1.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEL CASTILLO, PATRICIA		2.2 NAME		
STREET ADDRESS	9475 NW 52ND DORAL LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do 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.					
SIGNATURE:  SIGNATURE REQUIRED 7/15/97					

CR2E034 (4/97)