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

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Feb 11 1998 8:00am
Secretary of State

DOCUMENT # P94000022699 (0)

1. Corporation Name

AVCOM AVIONICS & INSTRUMENTS INC.

Principal Place of Business	Mailing Address
3008 N.W. 82 AVE MIAMI FL 33122 US	3008 N.W. 82 AVE MIAMI FL 33122 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/24/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	**14-9561686**	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

SUAREZ, ROLANDO
3008 N.W. 82 AVE
MIAMI FL 33122

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 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 _Rolando Suarez Presidnt_   DATE _2-3-98_

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	12. Officers and Directors		13.	Additions/Changes
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ 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	☐ DELETE	2.1 TITLE	☐ Change ☐ 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		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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.

SIGNATURE: _Rolando Suarez Pres_   _2-3-98_

CR2E034 (10/97)