

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Aug 08 1996 8:00 am  
Secretary of State

DOCUMENT # P95000023495 (1)

1. Corporation Name

HIGH TECH AVIONICS INC.



Principal Place of Business

Mailing Address

9905 NW 80 AVE  
BAY 13-U  
HIALEAH GARDENS FL 33016

9905 NW 80 AVE  
BAY 13-U  
HIALEAH GARDENS FL 33016

3. Date Incorporated or Qualified  
03/22/1995

3a. Date of Last Report

2. Principal Place of Business  
21 1472 N.W. 78<sup>th</sup> Ave.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1472 NW 78<sup>th</sup> Ave.  
Suite, Apt. #, etc.

4. FEI Number  
65-0570236

Applied For  
Not Applicable

22  
City & State  
23 Miami, FL

27  
City & State  
28 Miami, FL

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. 190.032, Florida Statutes ☐ Yes ☐ No

24 Zip 33126 25 Country USA

29 Zip 33126 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SARDINAS, JOSE B JR.  
7191 W 24 AVE  
#50  
HIALEAH FL 33016

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when rechartering)

8/3/96  
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Vice President  
NAME ARTURO SANCHEZ  
STREET ADDRESS 5817 NW 20 CT.  
CITY-ST-ZIP MARGATE, FL 33063

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Secretary  
NAME MARIC CATALANE  
STREET ADDRESS 685 miller dr 402E  
CITY-ST-ZIP Miami Springs FL 33166

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Treasurer  
NAME ALAIN RUIZ  
STREET ADDRESS 4051 NW 1937 avenue  
CITY-ST-ZIP Miami FL 33015

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP ☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/96  
Date

821-4616  
Daytime Phone #

CR2E034 (3/96)