**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

99 MAY 28 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000023495 (1)

1. Corporation Name

HIGH TECH AVIONICS INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1472 NW 78 Ave.<br>Miami FL 33126<br>US | 1472 NW 78 Ave.<br>Miami FL 33126<br>US |

2/25/99 900841029 $150.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/22/1995

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip 24 Country 25 | Zip 29 Country 30 |

4. FEI Number: 65-0570236 ☐ 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

SLAPPEY, TERRI
910 SW 105 Avenue
#114
Miami FL 33174

**10. Name and Address of New Registered Agent**

81 Name: Chase, Alan R.
82 Street Address (P.O. Box Number is Not Acceptable): Suite 600
83: 9400 S. Dadeland Boulevard
84 City: Miami **FL** 85 Zip Code: 33156

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: _____ Alan R. Chase, Esq. 5/18/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Slappey, Terri<br>910 S.W. 105 Avenue #114<br>Miami FL 33174 | ☒ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | DP<br>Sardinas, Jose<br>1472 NW 78 Ave.<br>Miami FL 33126 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | DVT<br>Sanchez, Arturo<br>1472 NW 78 Ave.<br>Miami FL 33126 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | DVS<br>Catalano, Mario<br>1472 NW 78 Ave.<br>Miami FL 33126 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | DV<br>Ruiz, Alain<br>1472 NW 78 Ave.<br>Miami FL 33126 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | 500002898205--1<br>-06/08/99-01050--026<br>*****8.75 *****8.75 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (11/98)

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.

**SIGNATURE:** _____ Arturo Sanchez 5/ /99 (305) 639-3045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title: President Date Daytime Telephone Number