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(((H97000014487 7)))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: CARIBEAN AVIATION SERVICES, INC.

AUDIT NUMBER..... #97000014487 DOC TYPEBASIC AMENDMENT CERT. OF STATUS 0 CERT. COPIES 1

PAGES.....

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ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF



CARIBEAN AVIATION SERVICES, INC. (Present Name)

Pursuant to the provisions of § 607.1006 Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added, or deleted):

The only change to the original articles of incorporation of the above named corporation shall be as follows:

The name of the corporation shall be amended to read as:

CARIBBEAN COAST AVIONICS CORPORATION

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

NOT APPLICABLE

THIRD: The date of the amendment's adoption is: August 26, 1997.

FOURTH: Adoption of Amendment (Check One):

___ The amendment was approved by the shareholders. The number of votes cast for the amendment was sufficient for approval.

__ The amendment was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the amendment:

Name of Preparer:
Ana Maria Camacho, Esq.
Florida Bar No.: 0033677
240 East Flagler Street
Miami, FL. 33131
(305) 374-3811

\$\textstyle 970000/9487\$

Art.of.Amend. Page 2 of 2 The amendment was adopted by the board of directors without shareholder action and shareholder action was not required. The amendment was adopted by the incorporators without shareholder action and shareholder action was not required. Signed this _____ - day of SIGNATURE: TITLE: PRESIDENT - DIRECTOR (By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders.) (By a Director if adopted by the Directors) (By an incorporator if adopted by the incorporators) QUESADA (Typed or Printed Name) (Title) STATE OF FLORIDA SS: COUNTY OF DADE I hereby Certify that on this day, before me, an officer duly authorized to administer caths and take acknowledgments, personally a appeared JOSE A. (NESADA known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the of identification of the above-named person:D.L.# (61-3790) and that an oath (was) (was not) taken. Witness my hand and seal in the County and State last aforesaid day of 1997. 1997.

MACHO- (-DNZA)

Printed Notary Signature

ARY PUR OFFICIAL NOTARY SEAL

COMMISSION NUMBER

CC410088 MY COMMISSION EXP.

SEPT 27,1998