

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90016 048 ***150.00

DOCUMENT # P98000003767

1. Corporation Name
STELLAR AVIONICS CORP.

Principal Place of Business
4485 NW 36 STREET
STE A
MIAMI FL 33166

Mailing Address
4485 NW 36 STREET
STE A
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1998

2. Principal Place of Business

21 3750 N.W. 28 Street

2a. Mailing Address

26 3750 N.W. 28 Street

4. FEI Number

65-0808564

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Bay 411

Suite, Apt. #, etc.

27 Bay 411

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Miami Florida

City & State

28 Miami Florida

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

24 33142 25 Dade

Zip Country

29 33142 30 Dade

7. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BARRO, JOSE G
4485 NW 36 STREET
STE A
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

Barro, Jose G

82 Street Address (P.O. Box Number is Not Acceptable)

3750 N.W. 28 Street

83

Bay 411

84 City

Miami

FL

85 Zip Code
33142

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

Jose G. Barro

JOSE G. BARRO REGISTERED AGENT

DATE

2-20-99

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

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CONDE, PEDRO B
STREET ADDRESS 9955 NW 6TH LANE
CITY-ST-ZIP MIAMI FL 33172

☐ DELETE

TITLE SD
NAME BARRO, JOSE G
STREET ADDRESS 17830 NW 80 AVE
CITY-ST-ZIP HIALEAH FL 33015

☐ DELETE

TITLE TD
NAME PEREZ, RAMSES
STREET ADDRESS 5330 W 24 AVE
CITY-ST-ZIP HIALEAH FL 33016

☐ DELETE

TITLE VD
NAME VINAS, PEDRO
STREET ADDRESS 15623 SW 43 LANE
CITY-ST-ZIP MIAMI FL 33185

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Jose G. Barro
JOSE G. BARRO
REGISTERED AGENT

2-20-99

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

0241683