

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

DOCUMENT # V21407 (4)

1. Corporation Name

AVIONICS SERVICES INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

14592 SW 129TH ST
UPSTAIRS
MIAMI FL 33186
US

14592 SW 129TH ST
UPSTAIRS
MIAMI FL 33186
US

3. Date Incorporated or Qualified

03/13/1992

3a. Date of Last Report

08/09/1995

2. Principal Place of Business

21. SAME

Suite, Apt #, etc

22. City & State

23. Zip

24. 33186

Country

25. USA

2e. Mailing Address

26. SAME

Suite, Apt #, etc

27. City & State

28. Zip

29. 33186

Country

30. US

4. FEI Number

65-0306519

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

HERNANDEZ, LUIS E.
9601 SW 142 AVE
APT 524
MIAMI FL 33186

10. Name and Address of New Registered Agent

81. Name

SAME

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, as set forth in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or officer of corporation (if not applicable)

DIXON GUTIERREZ

(401) Registered Agent signature required when registering

8/7/96

Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HERNANDEZ, LUIS E.
STREET ADDRESS 9601 SW 142 AVE #524
CITY - ST - ZIP MIAMI FL

TITLE VD
NAME GUTIERREZ, DIXON
STREET ADDRESS 17811 SW 137 COURT
CITY - ST - ZIP MIAMI FL 33177

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

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 this 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIXON GUTIERREZ

8/7/96

(305)256-8880

Date

Phone #

CR2E034 (3/96)