


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: 14582 SW 129TH ST UPSTAIRS MIAMI FL 33186 US
Mailing Address: 14582 SW 129TH ST UPSTAIRS MIAMI FL 33186-5305 US

3. Date Incorporated or Qualified: 03/13/1992
3a. Date of Last Report: 08/12/1996
4. FEI Number: 65-0306519 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business: 21 SAME, 22 City & State, 23 Zip, 24 Country
2a. Mailing Address: 26 SAME, 27 City & State, 28 Zip, 29 Country

9. Name and Address of Current Registered Agent: HERNANDEZ, LUIS E. 9801 SW 142 AVE APT 524 MIAMI FL 33186

10. Name and Address of New Registered Agent: 81 Name: DIXON GUTIERREZ, 82 Street Address: 17811 S.W. 137th CT., 83 City: MIAMI, FL 85 Zip Code: 33177

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: 4/30/97

12. OFFICERS AND DIRECTORS		
TITLE	PD HERNANDEZ, LUIS E.	<input checked="" type="checkbox"/> DELETE
NAME	9801 SW 142 AVE #524	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE	VD GUTIERREZ, DIXON	<input checked="" type="checkbox"/> DELETE
NAME	17811 SW 137 COURT	
STREET ADDRESS	MIAMI FL 33177	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD DIXON GUTIERREZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	17811 S.W. 137th CT.	
1.3 STREET ADDRESS	MIAMI, FL 33177	
1.4 CITY-ST-ZIP		
2.1 TITLE	VD LEONEL GUTIERREZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	17811 S.W. 137th CT.	
2.3 STREET ADDRESS	MIAMI, FL 33177	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 its 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 a separate attachment with an address.

SIGNATURE: [Signature] DATE: 4/30/97

CR2E034 (9/96)