FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:26

DOCUMENT # V48360 (4)

1. Corporation Name
SEXTANT AVIONIQUE, INC.

Principal Place of Business	Mailing Address
1924 NW 84TH AVE MIAMI FL 33126	1924 NW 84TH AVE MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/07/1992
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 94-2231962 ☐ 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

9. Name and Address of Current Registered Agent

CORPCO INC
2699 S BAYSHORE DR
7TH FLOOR
MIAMI FL 33133

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	O	☐ Change ☒ Addition
NAME	MORTREUX, JEAN PIERRE	12 NAME	WEBSTER, LARRY	
STREET ADDRESS	1924 NW 84TH AVE	13 STREET ADDRESS	1924 NW 84TH AVE	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI FL	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	PEGUILLAN, FRANCOIS	22 NAME		
STREET ADDRESS	1924 NW 84TH AVE	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	LEPEYTRE, JEAN-PAUL	32 NAME		
STREET ADDRESS	1924 NW 84 AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	ARBEL, LUCIEN	42 NAME		
STREET ADDRESS	1924 NW 84TH AVE	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	O	51 TITLE		☐ Change ☐ Addition
NAME	MOORE, PRISCILLA F	52 NAME		
STREET ADDRESS	1924 NW 84 AVE.	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	GOURDEAU, PATRICK	62 NAME		
STREET ADDRESS	1924 NW 84TH AVE	63 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	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)(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.

SIGNATURE: _____ PRESIDENT 1/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR Date Daytime Phone #

0123437 CP