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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 # V48360

(4)

1. Corporation Name

SEXTANT AVIONIQUE, INC.

Principal Place of Business

1924 NW 84TH AVE
MIAMI FL 33126

Mailing Address

1924 NW 84TH AVE
MIAMI FL 33126-1030



3. Date Incorporated or Qualified

07/07/1992

3a. Date of Last Report

10/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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

MARTITA COOPER

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

1924 NW 84 AVE

83

84 City

MIAMI

FL

85 Zip Code

33126

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

Martita Cooper

(NOTE: Registered Agent signature required when reinstating)

4/30/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	MORTREUX, JEAN PIERRE	1924 NW 84TH AVE	MIAMI FL	<input type="checkbox"/>
D	MOSES, WILLY B	1924 NW 84TH AVE	MIAMI FL	<input type="checkbox"/>
D	DE MOUSSAC, HENRY	1924 NW 84 AVE.	MIAMI FL 33126	<input type="checkbox"/>
D	ARBEL, LUCIEN	1924 NW 84TH AVE	MIAMI FL	<input type="checkbox"/>
D	LEPEYTRE, JEAN PAUL	1924 NW 84 AVE.	MIAMI FL 33126	<input type="checkbox"/>
D	GRUAZ, DANIEL	1924 NW 84TH AVE	MIAMI FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 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: A. Wondier CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97

597 6312

CR2E034 (9/96)