

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 94-2231962	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COOPER, MARTITA 1924 NW 84 AVE MIAMI FL 33126				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORTREUX, JEAN PIERRE			1.2 NAME	Oszceda, Patrick		
STREET ADDRESS	1924 NW 84TH AVE			1.3 STREET ADDRESS	1924 NW 84th Ave.		
CITY - ST - ZIP	MIAMI FL			1.4 CITY - ST - ZIP	Miami, FL		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOSES, WILLY B			2.2 NAME	Martre, Sylvie		
STREET ADDRESS	1924 NW 84TH AVE			2.3 STREET ADDRESS	1924 NW 84th Ave.		
CITY - ST - ZIP	MIAMI FL			2.4 CITY - ST - ZIP	Miami, FL		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	O	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE MOUSSAC, HENRY			3.2 NAME	Hebert, Franck		
STREET ADDRESS	1924 NW 84 AVE.			3.3 STREET ADDRESS	1924 NW 84 Ave.		
CITY - ST - ZIP	MIAMI FL 33126			3.4 CITY - ST - ZIP	Miami, FL		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	O	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARBEL, LUCIEN			4.2 NAME	WeiBel, Thierry		
STREET ADDRESS	1924 NW 84TH AVE			4.3 STREET ADDRESS	1924 NW 84th Ave.		
CITY - ST - ZIP	MIAMI FL			4.4 CITY - ST - ZIP	Miami, FL		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	O	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEPEYTRE, JEAN PAUL			5.2 NAME	Cooper, Martita G.		
STREET ADDRESS	1924 NW 84 AVE.			5.3 STREET ADDRESS	1924 NW 84th Ave.		
CITY - ST - ZIP	MIAMI FL 33126			5.4 CITY - ST - ZIP	Miami, FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRUAZ, DANIEL			6.2 NAME			
STREET ADDRESS	1924 NW 84TH AVE			6.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			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 person or persons 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 any statement with an address.

SIGNATURE:

T. WeiBel

T. WEIBEL

March 30, 98 (305) 597 6300

CR2E034 (10/97)