

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90062 048 ***150.00

DOCUMENT # V48360

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

3. Date Incorporated or Qualified

07/07/1992

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ 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

CHAVEZ, DON

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

83 1924 NW 84TH AVE

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

Don Chavez, DON CHAVEZ SECRETARY

3/29/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME OSZCEDA, PATRICK
STREET ADDRESS 1924 NW 84TH AVE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME MARTRE, SYLVIE
STREET ADDRESS 1924 NW 84TH AVE
CITY-ST-ZIP MIAMI FL

TITLE O ☐ DELETE

NAME HEBERT, FRANK
STREET ADDRESS 1924 NW 84 AVE
CITY-ST-ZIP MIAMI FL 33126

TITLE O ☐ DELETE

NAME WEIBEL, THIERRY
STREET ADDRESS 1924 NW 84TH AVE
CITY-ST-ZIP MIAMI FL

TITLE O ☒ DELETE

NAME COOPER, MARTITA G
STREET ADDRESS 1924 NW 84TH AVE
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CAP ☐ Change ☒ Addition

1.2 NAME WILLY MOSES
1.3 STREET ADDRESS 1924 NW 84TH AVENUE
1.4 CITY-ST-ZIP MIAMI, FL 33126

2.1 TITLE S ☐ Change ☒ Addition

2.2 NAME DON CHAVEZ
2.3 STREET ADDRESS 1924 NW 84TH AVENUE
2.4 CITY-ST-ZIP MIAMI, FL 33126

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME LUCIEN ARBEL
3.3 STREET ADDRESS 1924 NW 84TH AVENUE
3.4 CITY-ST-ZIP MIAMI, FL 33126

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME FRAN COIS GAYET
4.3 STREET ADDRESS 1924 NW 84TH AVENUE
4.4 CITY-ST-ZIP MIAMI, FL 33126

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME JEAN PIERRE MORTREUX
5.3 STREET ADDRESS 1924 NW 84TH AVENUE
5.4 CITY-ST-ZIP MIAMI, FL 33126

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME ALAIN GARY
6.3 STREET ADDRESS 1924 NW 84TH AVENUE
6.4 CITY-ST-ZIP MIAMI, FL 33126

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 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, with all other like empowered.

SIGNATURE:

Don Chavez, DON CHAVEZ

3/29/99

(305) 597-6362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)