## FILE NOW: Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 MAR 21 PM 3:53 **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company DOCUMENT #200304 1a. Principal Place of Business Address WORLDWIDE AVIONICS, L.C. BOX 593242 30X 593242 MIAMI FL 33159-3242 MIAMI FL 33159 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 7855 NW 52 ND ST. 10/22/1990 Suite, Apt. #, etc. 4. FEI Number Applied For FLORIDA City & State Not Applicable 65-0242544 5. Date of Last Report 6. Certificate of Status Desired Country \$8.75 Additional Fee Required 33166 US A D5/16/1996 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent LORENZ, LEO F 7161 SW 10TH STREET Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33023 **500002123435** -03/25/97-01055-002 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. O HOLL TO THE Flogistered Agent signature required when reinstating) SIGNATURE \_ 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MB. ARTHAGA, -CERARDO--<del>481 -east -37th street</del> ALALEAH FL MB HERNANDEZ, HILARIO. -481-EAST-37TH-ST. MIALEAH FL MIAMISFL 7855 NW SAND ST LORENZ , LEO MB 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Dayt me Phone **4**