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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000051561

1. Corporation Name FLYM, INC.

Principal Place of Business 721 SE 17TH ST. FT. LAUDERDALE FL 33316 US

Mailing Address 721 SE 17TH ST. FT. LAUDERDALE FL 33316 US

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

FERNANO LAMOTHE 721 SE 17TH ST. FT. LAUDERDALE FL 33316

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 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. Thereby 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 fee if applicable

NOTE: Registered Agents in Florida must be U.S. citizens

DATE

12. OFFICERS AND DIRECTORS

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Contains entries for MAJOR, YVON and LAGUE, FRANCE P.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

000002780049-4 -02/24/99-01091--008 ***150.00 ***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.04(3), 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: Yvon Major YVON MAJOR 26/02/99 (514) 388-2035

CR2E034 (11/98)