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Apr 14 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 # P94000018947 (9)

1. Corporation Name
THE FLYING GOAT COMPANY INC.



Principal Place of Business

803 N.E. 70TH ST.
MIAMI FL 33138

Mailing Address

803 N.E. 70TH ST.
MIAMI FL 33138-5713

3. Date Incorporated or Qualified
03/11/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 1125 NE 125th Street

Suite, Apt. #, etc.

22 Suite #200

City & State

23 Miami, FL

Zip

24 33161

Country

25 USA

2a. Mailing Address

26 1125 NE 125th Street

Suite, Apt. #, etc.

27 Suite #200

City & State

28 Miami, FL

Zip

29 33161

Country

30 USA

4. FEI Number

65-0474783

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

RABENSEIFNER, HANNA
2050 CORAL WAY
#514
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

Daniel P. Fickett

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

803 NE 70th Street

83

84 City

Miami

FL

85 Zip Code

33138

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:

Daniel P. Fickett, Director

4/8/97

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 FICKETT, DANIEL P
STREET ADDRESS 803 N.E. 70TH ST.
CITY-ST-ZIP MIAMI FL 33138

TITLE D ☐ DELETE
NAME MILLS, WILLIAM L
STREET ADDRESS 4 ZANKAT TANJA
CITY-ST-ZIP RABAT, MORROCCO

TITLE D ☐ DELETE
NAME WEST, CATHERINE A
STREET ADDRESS 660 NE 178TH STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE D ☐ DELETE
NAME PIXLEY, MARCIA
STREET ADDRESS 113 POMMANDER WALK
CITY-ST-ZIP ALEXANDRIA VA 22314

TITLE D ☐ DELETE
NAME CHENNAOUI, ABDELKADER
STREET ADDRESS GR ROUMANE #30, HAY TAKADDOUM
CITY-ST-ZIP RABAT, MORROCCO

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Catherine West
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/8/97

Daytime Phone #

(305) 893-7799

0182107

CR2E034 (9/96)