

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000009633 (4)

1. Corporation Name
FLY HIGH AVIATION, INC.

Principal Place of Business
1053 WEST 42ND PLACE
HIALEAH FL 33012

Mailing Address
1053 WEST 42ND PLACE
HIALEAH FL 33012

FILED
97 SEP -2 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/30/1996	3a. Date of Last Report N/A
4. FEI Number 65-0637681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

VAGAS, ANTHONY
1053 WEST 42ND PLACE
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81. Name VARGAS ANTHONY
82. Street Address (P.O. Box Number is Not Acceptable) 9695 N.W. 79 AVE BAY 8
83.
84. City HIALEAH GARDENS FL
85. Zip Code 33016

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 Anthony Vargas PRESIDENT DATE 8/29/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VARGAS, ANTHONY		1.2 NAME VARGAS, ANTHONY	
STREET ADDRESS 1053 WEST 42ND PLACE		1.3 STREET ADDRESS 9695 N.W. 79 AVE BAY 8	
CITY-ST-ZIP HIALEAH FL 33012		1.4 CITY-ST-ZIP HIALEAH GARDENS, FL. 33016	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VARGAS, PEDRO		2.2 NAME VARGAS PEDRO	
STREET ADDRESS 1053 WEST 42ND PLACE		2.3 STREET ADDRESS 9695 N.W. 79 AVE BAY 8	
CITY-ST-ZIP HIALEAH FL 33012		2.4 CITY-ST-ZIP HIALEAH GARDENS, FL. 33016	
TITLE STD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FUENTES, YESENIA		3.2 NAME VARGAS ANTHONY	
STREET ADDRESS 1053 WEST 42ND PLACE		3.3 STREET ADDRESS 9695 N.W. 79 AVE BAY 8	
CITY-ST-ZIP HIALEAH FL 33012		3.4 CITY-ST-ZIP HIALEAH GARDENS, FL. 33016	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Anthony Vargas DATE 8/29/97

CR2E034 (4/97)



ANNUAL REPORTS FILINGS
DIVISION OF CORPORATIONS

8-29-97

FLY HIGH AVIATION DID NOT RECEIVE THE FIRST NOTICE OF THE
ANNUALLY CORPORATION UPDATE PLEASE BE ADVISED OF THE
PAYMENT WE ARE SENDING ALONG WITH THE NOTICE.

THANK YOU,

ANTHONY VARGAS
PRESIDENT.

A handwritten signature in cursive script, appearing to read "Anthony Vargas", is written over the typed name and title.