


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

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Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 HALEAH FL 33012			Mailing Address 1053 WEST 42ND PLACE HALEAH FL 33012		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 9695 N.W. 79 AVE Suite, Apt. #, etc. 22 BAY # 25 City & State 23 HIALEAH GARDENS, FL. Zip 24 33016 Country 25 U.S.A.		2a. Mailing Address 26 9695 N.W. 79 AVE Suite, Apt. #, etc. 27 BAY # 25 City & State 28 HIALEAH GARDENS, FL. Zip 29 33016 Country 30 U.S.A.		3. Date Incorporated or Qualified 01/30/1996 4. FEI Number 65-0637681 Applied For <input checked="" type="checkbox"/> 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 type="checkbox"/> No	
9. Name and Address of Current Registered Agent VARGAS, ANTHONY 9695 N.W. 79 AVE. BAY 8 HIALEAH GARDENS FL 33016			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>Anthony Vargas</i> DATE 2/18/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE PD NAME VARGAS, ANTHONY STREET ADDRESS 9695 N.W. 79 AVE. (BAY 8) CITY-ST-ZIP HIALEAH GARDENS FL 33016 TITLE VD NAME VARGAS, PEDRO STREET ADDRESS 9695 N.W. 79 AVE. (BAY 8) CITY-ST-ZIP HIALEAH GARDENS FL 33016 TITLE STD NAME VARGAS, ANTHONY STREET ADDRESS 9695 N.W. 79 AVE. (BAY 8) CITY-ST-ZIP HIALEAH GARDENS FL 33016 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 9695 N.W. 79 AVE (BAY #25) 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 9695 N.W. 79 AVE (BAY #25) 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 9695 N.W. 79 AVE (BAY #25) 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
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. SIGNATURE: <i>Anthony Vargas</i> PRESIDENT 2/18/98 (305) 557-2795					

CR2E034 (10/97)