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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000028150 (6)

FLYING HIGH INTERNATIONAL, INC.

Principal Place of Business Mailing Address				I ILBINGAN NIO NORIO DININ DANN OENIN OEN	ill Bollo isbot retol bleat Abits Base toet	
8855 COLLINS AVE 8855 COLLINS AVE						
STE 2D STE 2D STE 2D					DO NOT WRITE	IN THE SPACE
SURFSIDE FL 33157 SURSIDE FL 33157					3. Date Incorporated or Qualified	IN THIS SPACE
1 00		••			04/01/1996	
2. Principal Pi	ace of Business	2a. Mailing Addre	ISS		4. FEI Number	Applied For
21		26			65-0681454	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.			\$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Countr	y	8. This corporation owes or has pai	
24	25 9. Name and Address of Curre	nt Registered Agent	[30]		Personal Property Tax due June 10. Name and Address of New Rec	
CA		III negistorea reguin	81	Name	10. Hame and suggest of their stage	Nergian Water
	CALDIROLA, BEATRIZ M					
2782 NW 79TH AVE. MIAMI FL 33122			B2	Street Addr	ress (P.O. Box Number is Not Acceptable	le)
l MIL	WII FE 33122		83	 		
[<u> </u>			
			84	City		FL 85 Zip Code
11. Pursuant	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo				poration submits this statement for the pr	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named coffice or registered agent, or both, in the State of Florida, Such change was authorized by the corporagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					ion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	Trial trial and stocky.	janono on comen ili.i.		J .		
SIGNATURE	Signature, typod or punied name of registered ag	ert and title if applicable	(NOTE Registered Ag	jent signature requir		DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	T					☐ Change ☐ Addition
NAME	STEINBRECHER, LILIANA A		1.2 NAME			
STREET ADDRESS	8855 COLUNS AVE STE 2D			T ADDRESS		
CITY-ST-ZIP	SURFSIDE FL	- Dri	1.4 CITY-	ST-ZIP		District Dis
TITLE	D BUGION MILLY	☐ DEŁ		1		☐ Change ☐ Addition
NAME	BOSICH, HILDA 8855 COLLINS AVE, STE 2D	•	2.2 NAME			
STREET ADDRESS	SURFSIDE FL	J		T ADDRESS		
CITY-ST-ZIP TITLE	SUNFSIDE FL	DEL	2. 4 CITY- .ETE 3.1 TITLE	ST-ZIP		Change Addition
NAME		_ 0.0	3.2 NAME			Change C Audition
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ı		
TITLE		T] DEL		51-21		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		DEL				Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY -			
TITLE		☐ DEL				☐ Change ☐ Addition
NAME			6.2 NAME			
1 1				1		

14. Thereby certify that the information supplied with this filling 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 performation or the receiver or trastee 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.

March 23, 1998 (305) 5970440

FILED

Mar 31 1998 8:00am

Secretary of State