

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000087446 (6)

1. Corporation Name

FLIGHT VENTURES, INC.

Principal Place of Business

200 SOUTH BISCAYNE BLVD.
SUITE 2410
MIAMI FL 33131

Mailing Address

200 SOUTH BISCAYNE BLVD.
SUITE 2410
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1996

4. FEI Number

65-0704059

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 420 Lincoln Road

Suite, Apt. #, etc

22 Suite 432

City & State

23 Miami Beach, FL

Zip

24 33139

Country

25 U.S.A.

2a. Mailing Address

26 420 Lincoln Road

Suite, Apt. #, etc

27 Suite 432

City & State

28 Miami Beach, FL

Zip

29 33139

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
200 SOUTH BISCAYNE BLVD.
SUITE 2410
MIAMI FL 33131

81 Name

PLC Investments, Inc.

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

420 Lincoln Road

83

Suite 432

84 City

Miami Beach, FL

85 Zip Code

33139

10. Name and Address of New Registered Agent

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

Hilda C. Montero
Secretary

4/29/98

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	<input type="checkbox"/> DELETE
NAME	NEITZEL, JULIE	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD. STE 2410	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> DELETE
NAME	Paul L. Cejas	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President, Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Julie L. Neitzel	
13 STREET ADDRESS	420 Lincoln Road, Suite 432	
14 CITY-ST-ZIP	Miami Beach, Florida 33139	

21 TITLE	Vice-President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Pablo L. Cejas	
23 STREET ADDRESS	420 Lincoln Road, Suite 432	
24 CITY-ST-ZIP	Miami Beach, Florida 33139	

31 TITLE	Secretary, Treasurer, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Hilda C. Montero	
33 STREET ADDRESS	420 Lincoln Road, Suite 432	
34 CITY-ST-ZIP	Miami Beach, Florida 33139	

41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		

51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		

61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:

Hilda C. Montero
Hilda C. Montero

4/29/98

305-531-5220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone: 0196742

CR2E034 (10/97)