

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Montanari
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

DOCUMENT # **H67518** (1)

1. Certificate Name
HOYES SERVICES INC.

\$5 MAY 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **% SHAWN HOYES
12915 SOUTHWEST 111TH AVENUE
MIAMI FL 33176**

Mailing Address: **% SHAWN HOYES
12915 SOUTHWEST 111TH AVENUE
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		3. Date Incorporated or Qualified:	3a. Date of Last Report:
21		26		07/17/1985	11/04/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number:	Applied For:
22		27		59-2623305	Not Applicable
City & State:		City & State:		5. Certificate of Status Desired:	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip:	Country:	Zip:	Country:	6. Election Campaign Financing Trust Fund Contribution:	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent:				8. The corporation has liability for intangible tax under S. 199.02 Florida Statutes:	
HOYES, SHAWN 12915 SOUTHWEST 111TH AVENUE MIAMI FL 33176				81 Name:	
				82 Street Address (P.O. Box Number is Not Acceptable):	
				83	
				84 City:	
				FL	85 Zip Code:

9. Name and Address of Current Registered Agent:
**HOYES, SHAWN
12915 SOUTHWEST 111TH AVENUE
MIAMI FL 33176**

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: *Shawn Hoyes* 4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 NAME	PD HOYES, SHAWN	1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02 STREET ADDRESS	12915 SW 111TH AVE	2 NAME	
03 CITY, ST, ZIP	MIAMI FL	3 STREET ADDRESS	
04 NAME	DV HOYES, ANA	4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
05 STREET ADDRESS	12915 SW 111TH AVE	5 NAME	
06 CITY, ST, ZIP	MIAMI FL	6 STREET ADDRESS	
07 NAME		7 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
08 STREET ADDRESS		8 NAME	
09 CITY, ST, ZIP		9 STREET ADDRESS	
10 NAME		10 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 STREET ADDRESS		11 NAME	
12 CITY, ST, ZIP		12 STREET ADDRESS	
13 NAME		13 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 STREET ADDRESS		14 NAME	
15 CITY, ST, ZIP		15 STREET ADDRESS	
16 NAME		16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 STREET ADDRESS		17 NAME	
18 CITY, ST, ZIP		18 STREET ADDRESS	
19 NAME		19 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 STREET ADDRESS		20 NAME	
21 CITY, ST, ZIP		21 STREET ADDRESS	
22 NAME		22 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 STREET ADDRESS		23 NAME	
24 CITY, ST, ZIP		24 STREET ADDRESS	

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information submitted 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 person or persons 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: *Shawn Hoyes* 4-26-95 (305) 983-0695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHAWN HOYES, Pres.