

**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: <b>07/17/1985</b>	3a. Date of Last Report: <b>11/04/1994</b>
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number: <b>59-2623305</b>	Applied For: Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired: <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. The corporation has liability for intangible tax under S. 199.02 Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No					

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	<b>FL</b>

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: <b>PD HOYES, SHAWN</b>	01. NAME:	01. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02. STREET ADDRESS: <b>12915 SW 111TH AVE</b>	02. NAME:	02. NAME:	
03. CITY, ST, ZIP: <b>MIAMI FL</b>	03. STREET ADDRESS:	03. STREET ADDRESS:	
04. NAME: <b>DV HOYES, ANA</b>	04. CITY, ST, ZIP:	04. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
05. NAME:	05. NAME:	05. NAME:	
06. NAME:	06. NAME:	06. NAME:	
07. NAME:	07. NAME:	07. NAME:	
08. NAME:	08. NAME:	08. NAME:	
09. NAME:	09. NAME:	09. NAME:	
10. NAME:	10. NAME:	10. NAME:	
11. NAME:	11. NAME:	11. NAME:	
12. NAME:	12. NAME:	12. NAME:	
13. NAME:	13. NAME:	13. NAME:	
14. NAME:	14. NAME:	14. NAME:	
15. NAME:	15. NAME:	15. NAME:	
16. NAME:	16. NAME:	16. NAME:	
17. NAME:	17. NAME:	17. NAME:	
18. NAME:	18. NAME:	18. NAME:	
19. NAME:	19. NAME:	19. NAME:	
20. NAME:	20. NAME:	20. NAME:	

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.**