

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
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number:	Applied For
23 City & State		28 City & State		59-2623305	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired:	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution:	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
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				10. Name and Address of New Registered Agent			
HOYES, SHAWN 12915 SOUTHWEST 111TH AVENUE MIAMI FL 33176				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

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	PO HOYES, SHAWN 12915 SW 111TH AVE MIAMI FL	1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02	DV HOYES, ANA 12915 SW 111TH AVE MIAMI FL	2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
03		3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
04		4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
05		5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
06		6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
07		7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
08		8	<input type="checkbox"/> Change <input type="checkbox"/> Addition
09		9	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10		10	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.