
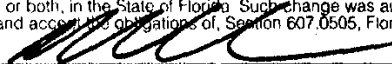
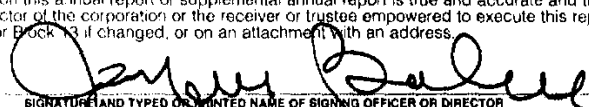


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT- CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L11465 (6)					
1. Corporation Name GOYBOU, INC.					
Principal Place of Business			Mailing Address		
2. Principal Place of Business 21 2500 Hollywood Blvd. Suite, Apt. #, etc. 22 #212 City & State 23 Hollywood, Fl. Zip 24 33020		2a. Mailing Address 26 2500 Hollywood Blvd. Suite, Apt. #, etc. 27 #212 City & State 28 Hollywood, Fl. Zip 29 33020		3. Date Incorporated or Qualified 08/25/1989 3a. Date of Last Report 04/25/1996 4. FEI Number 98-0105176 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
			81 Name ROSS H. MANELLA ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 2500 HOLLYWOOD BLVD. 83 SUITE #212 84 City HOLLYWOOD 85 Zip Code FL 33020		
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:  ROSS H. MANELLA 4/14/1997 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE PD <input type="checkbox"/> DELETE 1.2 NAME BOUCHARD, JACQUES 1.3 STREET ADDRESS 2206 HOLLYWOOD BLVD. 1.4 CITY-ST-ZIP HOLLYWOOD, FL. 33020			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME LAROUCHE, JEAN-GUY 2.3 STREET ADDRESS 2206 HOLLYWOOD BLVD. 2.4 CITY-ST-ZIP HOLLYWOOD, FL. 33020		
3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME <input type="checkbox"/> DELETE 3.3 STREET ADDRESS <input type="checkbox"/> DELETE 3.4 CITY-ST-ZIP <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME <input type="checkbox"/> DELETE 4.3 STREET ADDRESS <input type="checkbox"/> DELETE 4.4 CITY-ST-ZIP <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME <input type="checkbox"/> DELETE 5.3 STREET ADDRESS <input type="checkbox"/> DELETE 5.4 CITY-ST-ZIP <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME <input type="checkbox"/> DELETE 6.3 STREET ADDRESS <input type="checkbox"/> DELETE 6.4 CITY-ST-ZIP <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
14. I do 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:  JACQUES BOUCHARD President 4/14/97 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (9/96)