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Apr 21 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 # L94430 (0)  
1. Corporation Name  
MONTOYA ENTERPRISES, INC.



Principal Place of Business: 5409 ANDERSON RD TAMPA FL 33614 US  
Mailing Address: 5409 ANDERSON RD TAMPA FL 33614-5303 US

3. Date Incorporated or Qualified: 06/08/1990  
3a. Date of Last Report: 03/12/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.  
4. FEI Number: 59-3031489  
5. Certificate of Status Desired:  Not Applicable, \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: MONTOYA-EGNER, SEGUNDO IVAN, 5409 ANDERSON RD, TAMPA FL 33614  
10. Name and Address of New Registered Agent (81-85) fields.

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: [Signature] DATE: 3/11/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	MONTOYA, SEGUNDO	1.1 TITLE:	
NAME:	5409 ANDERSON RD	1.2 NAME:	
STREET ADDRESS:	TAMPA FL	1.3 STREET ADDRESS:	
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: D	MONTOYA, AGENES	2.1 TITLE:	
NAME:	5409 ANDERSON RD	2.2 NAME:	
STREET ADDRESS:	TAMPA FL	2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: DST	MONTOYA-EGNER, SEGUNDO IVAN	3.1 TITLE:	
NAME:	8705 LINDENHURST PLACE	3.2 NAME:	
STREET ADDRESS:	TAMPA FL	3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:		4.1 TITLE:	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:		5.1 TITLE:	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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: [Signature] DATE: 4/14/97 (813) 885-1319

CR2E034 (9/96)