


**FILED**  
**Mar 21, 1999 8:00 am**  
**Secretary of State**

03-21-1999 90051 025 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P98000019734</b>		
1. Corporation Name <b>GOYANES ENTERPRISES, INC.</b>		



Principal Place of Business <b>1520 SW 126TH PLACE</b> <b>MIAMI FL 33184</b>	Mailing Address <b>1520 SW 126TH PLACE</b> <b>MIAMI FL 33184</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 <b>PO BOX 650818</b> 27 Suite, Apt. #, etc. 28 <b>MIAMI, FLORIDA</b> 29 <b>33265</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>03/02/1998</b>		4. FEI Number <b>05-0817977</b>		Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input checked="" 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. This corporation owes the current year intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

9. Name and Address of Current Registered Agent <b>LAMORA, NELSA</b> <b>401 NW 107TH AVE. #202</b> <b>MIAMI FL 33172</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOYANES, EDUARDO	1.2 NAME	
STREET ADDRESS	1520 SW 126TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33184	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOYANES, MIRIAM	2.2 NAME	
STREET ADDRESS	1520 SW 126TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33184	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOYANES, EDUARDO JR.	3.2 NAME	
STREET ADDRESS	1520 SW 126TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33184	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/19/99

205(220-6326)

Date

Daytime Phone #

CR2E034 (11/98)