

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

03-21-1999 90051 025 ***150.00

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



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

2. Principal Place of Business		2a. Mailing Address PO BOX 650818	4. FEI Number 05-0817977	Applied For <input type="checkbox"/> Not Applicable
21. Sulte, Apt. #, etc.	22. City & State MIAMI, FLORIDA	27. Sulte, Apt. #, etc.	28. City & State MIAMI, FLORIDA	5. Certificate of Status Desired <input checked="" type="checkbox"/> - \$8.75 Additional Fee Required
23. City & State	24. Zip 33265	29. Country USA	30. Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	26. Country	27. Country	28. Country	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 LAMORA, NELSA 401 NW 107TH AVE. #202 MIAMI FL 33172		10. Name and Address of New Registered Agent		
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)		
83.		84. City		
		85. FL		86. Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	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	<input checked="" type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 in an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **3/19/99** DAYTIME PHONE #: **305(220-6326)**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)