

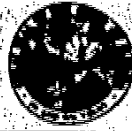
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 18 PM 10:02**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # V42120 (8)**

**1. Corporation Name  
MOR INDUSTRIES USA, INC.**

**Principal Place of Business Mailing Address**  
**8123 N.W. 29TH ST. 8123 N.W. 29TH STREET**  
**MIAMI FL 33122 MIAMI FL 33122**  
**US US**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 06/09/1992** **3a. Date of Last Report 04/27/1994**

**2. Principal Place of Business 2a. Mailing Address**  
**21 26**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 27**  
 City & State City & State  
**23 28**  
 Zip Country Zip Country  
**24 25 29 30**

**4. FEI Number 65-0348633** **Applied For Not Applicable**

**5. Certificate of Status Desired**  **\$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. 169.032, Florida Statutes**  Yes  No

**9. Name and Address of Current Registered Agent**

**CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD  
1600 MIAMI CENTER  
MIAMI FL 33131**

**10. Name and Address of New Registered Agent**

**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City** **FL** **85 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PTD</b>
<b>NAME</b>	<b>HUGHES, ELIZABETH</b>
<b>STREET ADDRESS</b>	<b>9385 BALADA STREET</b>
<b>CITY - ST - ZIP</b>	<b>CORAL GABLES FL</b>
<b>TITLE</b>	<b>VSD</b>
<b>NAME</b>	<b>TAMAYO, LUIS F.</b>
<b>STREET ADDRESS</b>	<b>233 ALPINE ROAD</b>
<b>CITY - ST - ZIP</b>	<b>WEST PALM BEACH FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY - ST - ZIP</b>	
<b>2.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	<b>VSD</b>
<b>2.3 STREET ADDRESS</b>	<b>TAMAYO, LUIS F.</b>
<b>2.4 CITY - ST - ZIP</b>	<b>624 N. LAKESIDE DR. LAKE WORTH, FL 33460</b>
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY - ST - ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY - ST - ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY - ST - ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY - ST - ZIP</b>	

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 attached, or as an attachment with an address.**

**SIGNATURE:** *Luis F. Tamayo* **Luis F. Tamayo** **4/13/95** **(305) 594-9242**