

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

FILED

**Mar 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V42120 (8)
1. Corporation Name
VOR INDUSTRIES USA, INC.



Principal Place of Business 6123 N.W. 29TH ST. MIAMI FL 33122 US	Mailing Address 6123 N.W. 29TH STREET MIAMI FL 33122-1051 US
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3. Date Incorporated or Qualified 06/09/1992	3a. Date of Last Report 04/22/1996
4. FEI Number 65-0348633	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Subc. Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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p. 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
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE PTD	<input type="checkbox"/> DELETE
NAME HUGHES, ELIZABETH	
STREET ADDRESS 2 GROVE ISLE DRIVE, APT. 1510	
CITY-ST-ZIP COCONUT GROVE FL	
TITLE VSD	<input type="checkbox"/> DELETE
NAME TAMAYO, LUIS F.	
STREET ADDRESS 624 N. LAKESIDE DR	
CITY-ST-ZIP LAKE WORTH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME HUGHES, ELIZABETH	
1.3 STREET ADDRESS 2 GROVE ISLE DRIVE, APT. 1510	
1.4 CITY-ST-ZIP COCONUT GROVE, FL 33133	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME ALUN HUGHES	
3.3 STREET ADDRESS 544 HAMPTON LANE	
3.4 CITY-ST-ZIP KEY BISCAYNE, FL 33149	
4.1 TITLE VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME GARETH HUGHES	
4.3 STREET ADDRESS 2 GROVE ISLE DRIVE, APT. 1510	
4.4 CITY-ST-ZIP COCONUT GROVE, FL 33133	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, its 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: *Luis F. Tamayo* DATE: **3/7/97** DAYTIME PHONE # **(305) 594-9242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)