

**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

**DOCUMENT # P95000022226 (1)**

1. Corporation Name  
**IVOR HOLDINGS, INC.**



Principal Place of Business  
**%GEOFFREY RANDALL ESQ.**  
**201 S. BISCAYNE BLVD., #1600**  
**MIAMI FL 33131**

Mailing Address  
**%GEOFFREY RANDALL ESQ.**  
**201 S. BISCAYNE BLVD., #1600**  
**MIAMI FL 33131-4329**

3. Date Incorporated or Qualified <b>03/20/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0578827</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**CORPORATION COMPANY OF MIAMI**  
**201 S. BISCAYNE BLVD.**  
**#1600**  
**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
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>HUGHES, ELIZABETH</b>	
STREET ADDRESS	<b>2 GROVE ISLE DR. APT 1510</b>	
CITY- ST- ZIP	<b>COCONUT GROVE FL 33133</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>TAMAYO, LUIS F</b>	
STREET ADDRESS	<b>624 N. LAKESIDE DR.</b>	
CITY- ST- ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HUGHES, ALUN A</b>	
STREET ADDRESS	<b>2 GROVE ISLE DR. APT. 1510</b>	
CITY- ST- ZIP	<b>COCONUT GROVE FL 33133</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HUGHES, GARETH H</b>	
STREET ADDRESS	<b>2 GROVE ISLE DR. APT 1510</b>	
CITY- ST- ZIP	<b>COCONUT GROVE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>HUGHES, ELIZABETH</b>	
13 STREET ADDRESS	<b>2 GROVE ISLE DR. APT 1510</b>	
14 CITY- ST- ZIP	<b>COCONUT GROVE, FL 33133</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		
31 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>HUGES, ALUN A</b>	
33 STREET ADDRESS	<b>544 HAMPTON LANE</b>	
34 CITY- ST- ZIP	<b>KEY BISCAYNE, FL 33149</b>	
41 TITLE	<b>VTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>HUGHES, GARETH H.</b>	
43 STREET ADDRESS	<b>2 GROVE ISLE DR. APT. 1510</b>	
44 CITY- ST- ZIP	<b>COCONUT GROVE, FL 33133</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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; that I am 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: DATE: **3/7/97** DAYTIME PHONE #: **(305) 594-9242**

CR2E034 (9/96)