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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., #1800
MIAMI FL 33131

Mailing Address
%GEOFFREY RANDALL, ESQ.
201 S. BISCAYNE BLVD., #1800
MIAMI FL 33131-4329

3. Date Incorporated or Qualified 03/20/1995
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0578827

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
#1800
MIAMI FL 33131

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME HUGHES, ELIZABETH
STREET ADDRESS 2 GROVE ISLE DR. APT 1510
CITY-ST-ZIP COCONUT GROVE FL 33133

11 TITLE VD
12 NAME HUGHES, ELIZABETH
13 STREET ADDRESS 2 GROVE ISLE DR. APT 1510
14 CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE VSD
NAME TAMAYO, LUIS F
STREET ADDRESS 624 N. LAKESIDE DR.
CITY-ST-ZIP LAKE WORTH FL 33480

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE V
NAME HUGHES, ALUN A
STREET ADDRESS 2 GROVE ISLE DR. APT. 1510
CITY-ST-ZIP COCONUT GROVE FL 33133

31 TITLE PD
32 NAME HUGHES, ALUN A
33 STREET ADDRESS 544 HAMPTON LANE
34 CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE V
NAME HUGHES, GARETH H
STREET ADDRESS 2 GROVE ISLE DR. APT 1510
CITY-ST-ZIP COCONUT GROVE FL

41 TITLE VTD
42 NAME HUGHES, GARETH H.
43 STREET ADDRESS 2 GROVE ISLE DR. APT. 1510
44 CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
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 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.

SIGNATURE:

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97

(305) 594-9242

Date

Daytime Phone #

CR2E034 (9/96)