

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

**FILED**  
**Feb 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000022226 (1)**  
 1. Corporation Name  
**VOR HOLDINGS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>%GEOFFREY RANDALL, ESO.          201 S. BISCAYNE BLVD., #1600          MIAMI FL 33131</b>	Mailing Address <b>%GEOFFREY RANDALL, ESO.          201 S. BISCAYNE BLVD., #1600          MIAMI FL 33131</b>
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3. Date Incorporated or Qualified <b>03/20/1995</b>	
4. FEI Number <b>65-0578827</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 8123 N.W. 29TH ST</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 MIAMI, FL</b> Zip Country <b>24 33122</b> <b>25</b>	2a. Mailing Address <b>26 8123 N.W. 29TH ST.</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 MIAMI, FL</b> Zip Country <b>29 33122</b> <b>30</b>
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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 <b>FL</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	VD HUGHES, ELIZABETH 2 GROVE ISLE DR., APT 1510 COCONUT GROVE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TAMAYO, LUIS F 624 N. LAKESIDE DR. LAKE WORTH FL 33480	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, ALVN A 544 HAMPTON LANE KEY BISCAYNE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HUGHES, GARETH H 2 GROVE ISLE DR., APT 1510 COCONUT GROVE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VSD HUGHES, ELIZABETH 2 GROVE ISLE DR., APT 1510 COCONUT GROVE, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address

SIGNATURE: *[Handwritten Signature]*

*Feb 9/98*

CR2E034 (10/97)