

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sue Raftis-Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000022229 (5)**

1. Corporation Name

**VOR RANCHING, INC.**



Principal Place of Business

%GEOFFREY RANDALL ESO.  
201 S. BISCAYNE BLVD., #1600  
MIAMI FL 33131

Mailing Address

%GEOFFREY RANDALL ESO.  
201 S. BISCAYNE BLVD., #1600  
MIAMI FL 33131

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country  
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

03/20/1995

3a. Date of Last Report

4. FFI Number

65-0578828

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. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.02(2) and 617.15(2), 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 not caused by the corporation's lack of effect of Florida except the appointment as registered agent. I am familiar with, and accept the obligation of, Section 617.02(2), Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGHES, ELIZABETH	
STREET ADDRESS	9385 BALADA ST.	
CITY, ST, ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAMAYO, LUIS F	
STREET ADDRESS	20 19TH AVE. NORTH	
CITY, ST, ZIP	LAKE WORTH FL 33460	
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. TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	HUGHES, ELIZABETH	
3. STREET ADDRESS	2-GROVE ISLE DR. APT 1510	
4. CITY, ST, ZIP	COCONUT GROVE, FL 33133	
5. TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	TAMAYO, LUIS F.	
7. STREET ADDRESS	624 N. LAKESIDE DR.	
8. CITY, ST, ZIP	LAKE WORTH, FL 33460	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(a), Florida Statutes. I further certify that the information in this filing is true and correct to the best of my knowledge and belief, 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, and that the corporation has authorized me to execute this report and to file it by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, as applicable, and with a checkmark.

SIGNATURE: *Luis F. Tamayo* Luis F. Tamayo 4/9/96 (305) 594-9242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)