

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

FILED
Apr 14 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 # P95000022229 (5)

1. Corporation Name
IVOR RANCHING, 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
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3. Date Incorporated or Qualified 03/20/1995	3a. Date of Last Report 04/19/1996
4. FEI Number 65-0578828	Applied For 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	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 **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 607.0506, 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

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, ELIZABETH	
STREET ADDRESS	2 GROVE ISLE DR 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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALUN A. HUGHES	
1.3 STREET ADDRESS	544 HAMPTON LANE	
1.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
2.1 TITLE	VP-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HUGHES, ELIZABETH	
2.3 STREET ADDRESS	2 GROVE ISLE DR. APT 1510	
2.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
3.1 TITLE	VP-T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GARETH H. HUGHES	
3.3 STREET ADDRESS	2 GROVE ISLE DR. APT 1510	
3.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 from an attachment with an address.

SIGNATURE: *[Signature]* 4/7/97 (305) 594-9242

CR2E034 (9/96)