

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
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DOCUMENT # V42120 (8)

1. Corporation Name
VOR INDUSTRIES USA, INC.



Principal Place of Business 6123 N.W. 29TH ST. MIAMI FL 33122 US	Mailing Address 6123 N.W. 29TH STREET MIAMI FL 33122-1051 US
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3. Date Incorporated or Qualified 06/09/1992	3a. Date of Last Report 04/22/1996
4. FEI Number 65-0348633	Applied For <input type="checkbox"/> 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. Surr. Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
 201 S BISCAYNE BLVD
 1600 MIAMI CENTER
 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	PTD <input type="checkbox"/> DELETE
NAME	HUGHES, ELIZABETH
STREET ADDRESS	2 GROVE ISLE DRIVE, 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	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUGHES, ELIZABETH
1.3 STREET ADDRESS	2 GROVE ISLE DRIVE, APT. 1510
1.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALUN HUGHES
3.3 STREET ADDRESS	544 HAMPTON LANE
3.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
4.1 TITLE	VTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GARETH HUGHES
4.3 STREET ADDRESS	2 GROVE ISLE DRIVE, APT. 1510
4.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
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, its 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: *Luis F. Tamayo* DATE: 3/7/97 DAYTIME PHONE # (305) 594-9242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)