

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004707 (5)

1. Corporation Name

HARMONY TRADING AND SERVICES COMPANY

Principal Place of Business

Mailing Address

WEST WIND BLDG. 3RD FLOOR
PO BOX 856
GRAND CAYMAN/BRIT. W. INDIES

WEST WIND BLDG. 3RD FLOOR
PO BOX 856
GRAND CAYMAN/BRIT. W. INDIES



| | | | |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Country |
| 24 | Country | 29 | Zip |
| 25 | Country | 30 | Country |

| | |
|---|---|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 09/12/1994 | 04/20/1995 |
| 4. FEI Number | Applied For |
| 98-0089134 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent or officer of corporation (Typed Name of Registered Agent Signature Required when Changing)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | FILHO, FAUSTO P | |
| STREET ADDRESS | AV. MARIA COELHO AGUIAR, 215-BLOCO C 40 AND | |
| CITY-ST-ZIP | 05804-900 SAO PAULO SP BRAZL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PERIQUITO, PAULO F | |
| STREET ADDRESS | AV. MARIA COELHO AGUIAR, 215-BLOCO C 40 AND | |
| CITY-ST-ZIP | 05804-900 SAO PAULO SP BRAZL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MUZZI, RODRIGO T | |
| STREET ADDRESS | AV. MARIA COELHO AGUIAR, 215-BLOCO C 40 AND | |
| CITY-ST-ZIP | 05804-900 SAO PAULO SP BRAZL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | AZEVEDO, ADJARMA | |
| STREET ADDRESS | AV. MARIA COELHO AGUIAR, 215-BLOCO C 40 AND | |
| CITY-ST-ZIP | 05804-900 SAO PAULO SP BRAZL | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 checked="" type="checkbox"/> Addition |
| 5.2 NAME | Burke, L. B. |
| 5.3 STREET ADDRESS | 1501 Alcoa Building |
| 5.4 CITY-ST-ZIP | Pittsburgh, PA 15219 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Adams, W. J. |
| 6.3 STREET ADDRESS | 1501 Alcoa Building |
| 6.4 CITY-ST-ZIP | Pittsburgh, PA 15219 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *L. B. Burke* L. B. Burke-Officer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

DATE DAYTIME PHONE

CR2E034 (12/95)

4/10/96

HARMONY TRADING AND SERVICES COMPANY

2-2

TITLES

OFFICERS
NAME

ADDRESS

PRESIDENT
OFFICER
OFFICER

FAUSTO PENNA MOREIRA FILHO
WILLIAM J. ADAMS
LINDA B. BURKE

DIRECTORS

WEST WIND BUILDING, 3RD FLOOR, GRAND CAYMAN, BRITISH WEST INDIES
1501 ALCOA BUILDING, PITTSBURGH, PA 15219
1501 ALCOA BUILDING, PITTSBURGH, PA 15219

DIRECTOR
DIRECTOR
DIRECTOR
DIRECTOR

FAUSTO PENNA MOREIRA FILHO
ADUARMA AZEVEDO
RODRIGO THOMAZ SCOTTI MUZZI
PAULO FREDERICO M. DE O. PERICUITO

WEST WIND BUILDING, 3RD FLOOR, GRAND CAYMAN, BRITISH WEST INDIES
WEST WIND BUILDING, 3RD FLOOR, GRAND CAYMAN, BRITISH WEST INDIES
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