

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003095 (5)

1. Corporation Name

WORLD COM INTERNATIONAL, INC.

Principal Place of Business

7532
7550 SAN MIGUEL WAY
NAPLES FL 33942

Mailing Address

7532
7550 SAN MIGUEL WAY
NAPLES FL 33942



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

06/27/1995

3a. Date of Last Report

4. FEI Number

65-0587616

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

9. Name and Address of Current Registered Agent

CODI, ALAN
3701 N TAMAMI TRAIL
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name **Philippe MOSER**
82 Street Address (P.O. Box Number is Not Acceptable)
9532 San Miguel Way
83
84 City **Naples** FL 85 Zip Code **33942**

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 of registered agent and title if applicable

Philippe MOSER

4/30/96

DATE

12. OFFICERS AND DIRECTORS

		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSER, PHILIPPE		1.2 NAME	
STREET ADDRESS	28 AVENUE FONT DE VEYRE		1.3 STREET ADDRESS	
CITY-ST-ZIP	06400 CANNES FRANCE		1.4 CITY-ST-ZIP	
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSER, MARTINE		2.2 NAME	
STREET ADDRESS	28 AVENUE FONT DE VEYRE		2.3 STREET ADDRESS	
CITY-ST-ZIP	06400 CANNES FRANCE		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (94)514-1736

Daytime Phone