

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000005225 (6)**

1. Corporation Name  
**WMC (NICARAGUA) INC.**



Principal Place of Business: **4750 LONGLEY LANE. #106 RENO NV 89502**  
Mailing Address: **4750 LONGLEY LANE. #106 RENO NV 89502**

3. Date Incorporated or Qualified: **10/26/1995**  
3a. Date of Last Report  
4. FEI Number: **88-0336167**  
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

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

**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: **FL**

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 and title, if applicable

Signature, typed or printed name, of registered agent and title, if applicable

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, DAVID E	
STREET ADDRESS	1 FIRST CANADIAN PL., STE. 2620	
CITY-ST-ZIP	TORONTO, ONTARIO CA M5X 1B1	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	PARR, JEFFREY S	
STREET ADDRESS	1 FIRST CANADIAN PL., STE. 2620	
CITY-ST-ZIP	TORONTO, ONTARIO CA M5X 1B1	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WELBORN, JOHN F ESQUIRE	
STREET ADDRESS	175 SHERMAN ST., #1800	
CITY-ST-ZIP	DENVER CO 80203	
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**

11. TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	John R. Parry	
13. STREET ADDRESS	360 Collins St. 31st Floor	
14. CITY-ST-ZIP	Melbourne, Australia 3000	
21. TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add-on
22. NAME	Jeffrey S. Parr	
23. STREET ADDRESS	181 Bay Street, Suite 3000	
24. CITY-ST-ZIP	Toronto, Canada M5J 2T3	
31. TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	John F. Welborn	
33. STREET ADDRESS	1775 Sherman St. #1800	
34. CITY-ST-ZIP	Denver, CO 80203	
41. TITLE	V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add-on
42. NAME	G. Bradford Margeson	
43. STREET ADDRESS	22 Gurdwara Road	
44. CITY-ST-ZIP	Nepean, Ontario K2E 8A2 Canada	
51. TITLE	Asst. S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	Willa F. Harasym	
53. STREET ADDRESS	181 Bay Street, Suite 3000	
54. CITY-ST-ZIP	Toronto, Canada M5J 2P3	
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add-on
62. NAME		
63. STREET ADDRESS		
64. 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: *John F. Welborn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Welborn 3/19/96 303/830-2500  
DATE DATE TIME PHONE #

CR2E034 (12/95)