

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

FILED

Apr 28 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 # P95000002167 (1)

1. Corporation Name
I.S.M. WORLD FINANCE, INC.

Principal Place of Business
1817 SOUTH OCEAN DR., APT 228
HALLANDALE FL 33009

Mailing Address
1817 SOUTH OCEAN DR., APT 228
HALLANDALE FL 33009-4942



3. Date Incorporated or Qualified
01/06/1995

3a. Date of Last Report
03/22/1996

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 3015 N. OCEAN BLVD
22 City & State	27 16-H
23 Zip	28 FT. LAUD, FL
24 Country	29 33308
25	30 US

4. FEI Number	Applied For
65-0556243	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

GRIGORIEV, IGOR A
1817 SOUTH OCEAN DR., APT 228
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name IGOR GRIGORIEV

82 Street Address (P.O. Box Number is Not Acceptable)

83 3015 N. OCEAN BLVD APT 16-H

84 City FT. LAUD FL 85 Zip Code 33308

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	D	<input type="checkbox"/> DELETE
NAME	GRIGORIEV, IGOR A	
STREET ADDRESS	1817 SOUTH OCEAN DR., APT 228	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASLOV, DEMTRI	
STREET ADDRESS	107140 RUSSIE MOSKVA	
CITY-ST-ZIP	RUSSCOVSCAY ST.2/1, RUSSIA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOGINOVA, LARISA A	
STREET ADDRESS	107140 RUSSIE MOSKVA	
CITY-ST-ZIP	RUSSCOVSCAY ST.2/1, RUSSIA	
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	<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 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, or on an attachment with an address.

SIGNATURE:  IGOR GRIGORIEV 04.21.97 (954) 583-5959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)