

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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000054998 (5)

1. Corporation Name

WORLD OF MUSIC INTERNATIONAL CORPORATION

Principal Place of Business

111 N.E. 1ST STREET  
SUITE 907  
MIAMI FL 33132

Mailing Address

111 N.E. 1ST STREET  
SUITE 907  
MIAMI FL 33132-2517

2. Date Incorporated or Qualified

08/27/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. # etc

Suite, Apt. # etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANTOS, MAURO C  
25 S.E. SECOND AVENUE  
SUITE 1235  
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

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 (Required if Agent is Not a Director)

(NOTE: Registered Agent's signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

|                |                                          |                                 |
|----------------|------------------------------------------|---------------------------------|
| TITLE          | D                                        | <input type="checkbox"/> DELETE |
| NAME           | JORDAN, HENRIQUE                         |                                 |
| STREET ADDRESS | 5757 COLLINS AVE. APT. 2004              |                                 |
| CITY-ST-ZIP    | MIAMI BEACH FL 33140                     |                                 |
| TITLE          | D                                        | <input type="checkbox"/> DELETE |
| NAME           | NOGUEIRA, SERGIO                         |                                 |
| STREET ADDRESS | RUA BELA CINTRA 1867 13TH FL BAIRRO CERO |                                 |
| CITY-ST-ZIP    | 01512-002 SAO PAULO SP BRAZIL            |                                 |
| 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    |                                          |                                 |
| 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:

ENRIQUE JORDAN, DIRECTOR

(305) 377-4474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 (9/96)