SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000027928 (6)

WORLD-NET RECOVERY SYSTEMS, INC.

Principal Place of Business

19370 COLLINS AVE., #716 C N. MIAMI BEACH FL 33160 Mailing Address

19070 COLLINS AVE., #716 C N. MIAMI BEACH FL 33160 APPROVED AND FILED

1997 OCT -6 AM 8: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

				3. Date Incorporated or Qualified 03/25/1996	3a, Date of Last Report 3 - 25 - 96
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 19370 Collins Au				65 - 0662180	Not Applicable
Suite, Apt. #, etc. 22 7/6 C	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	F/. City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country		8. This corporation owes or has pai	d the current year Intangible
24 33160 25 U.S	29	30		Personal Property Tax due June	
	Current Registered Agent			10. Name and Address of New Reg	gistered Agent
RECALDE, HERNAN		81	Name		
19370 COLLINS AVE., #716 C N. MIAMI BEACH FL 33160			82 Street Address (P.O. Box Number is Not Acceptable)		
					f
<i>t</i>		84	City		los Zim Conto
		[84]	City		FL 85 Zip Code
office or registered agent, or both, in the agent. I em familiar with, and accept the SIGNATURE Signature, typed or printed name of regis	e obligations of, Section 607.0505, F	s authorized by lorida Statutes. DE Registered Agent			t the appointment as registered
	RS AND DIRECTORS	13.	r ergmature requir	ADDITIONS/CHANGES TO OFFIC	
	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OTTIC	Change Addition
		1.2 NAME			
NAME HERNAN RECADE STREET ADDRESS 19370 COLLING AUE 716 C		1.3 STREET A	PDDCGG	8000023	196480
SINCEL AUDITESS 19870 (611)				-10/14/9	701012023
TITLE NORTH MIAMI			-ZiP	****550	.00 Profiles SU Dedition
NAME		2.1 TITLE 2.2 NAME	Ì		onangs realition
STREET ADDRESS		2.3 STREET A	DORESS		
City-st-zip		2 4 CHY-ST	j.		
TITLE	DELETE	3.1 TITLE			Change Addition
NAME		3.2 NAME			
STREET ADDRESS		3 3 STREET A	DDRESS		
CITY-ST-ZIP		3 4. CITY - ST			
TITLE	DELFTE	4.1 TITLE			Change Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET A	DDRESS		
City-St-Zip		4.4 CITY - ST-	- ZIP		
TITLE	☐ DELETE	5.1 TITLE			Change Addition
NAME		5.2 NAME			
STREET ADDRESS		5 3 STREET A	DDRESS		_
City-St-zip		5.4 CITY-\$1-	7IP		(<i>\lambda\lambda</i>
TITLE	DELFTE	6.1 THLE			Change Addition
NAME		6.2 NAME			AUTINA 1
STREET ADDRESS		6.3 STREET A	DORESS		. Mai.
CITY-ST-ZIP		6.4 CITY - ST-	- ZIP		יטן
14. I do hereby certify that the information s information indicated on this annual rep I am an officer or director of the corpora appears in Block 12 or Block 13 if chan	upplied with this filing does not qual ort of supplemental annual report is attender the fecciver or tristee empo- tight, or on an attachment with an ac-	lify for the exen- frue and accur- wered to execu- ddress.	nption stated ate and that te this repor	l in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal t as required by Chapter 607, Florida St	. I further certify that the effect as if made under oath; tha atutes; and that my name