

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

10/2

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

29 FEB - 4 AM 11:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P98000106040

1. Corporation Name
WORLDNET CORPORATION

Principal Place of Business	Mailing Address
C/O PAUL SISKA 905 BRICKELL BAY DR., STE. 928 MIAMI FL 33131	C/O PAUL SISKA 905 BRICKELL BAY DR., STE. 928 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

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	Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified
12/22/1998

4. FEI Number 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

SISKA, PAUL
905 BRICKELL BAY DR., STE. 928
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PARRA, SIMON	
STREET ADDRESS	905 BRICKELL BAY DR., STE. 928	
CITY-ST-ZIP	MIAMI FL 33131	
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

Change Addition

400002764544--5

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

02-2-99

14. I 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 in an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 2, 1999 (305) 372-2785
 Date Signature Phone

CR2E034 (1/1/98)

2012



ACCOUNT NO. : 072100000032
 REFERENCE : 123581 4303929
 AUTHORIZATION : *Patricia Pijoto*
 COST LIMIT : \$ 150.00

ORDER DATE : February 4, 1999
 ORDER TIME : 10:20 AM
 ORDER NO. : 123581-010
 CUSTOMER NO: 4303929
 CUSTOMER: Ms. Yolanda Rodriguez
 Greenberg Traurig
 1221 Brickell Avenue
 20th Floor
 Miami, FL 33131

ANNUAL REPORT FILING

NAME: WORLDNET CORPORATION

99 FEB 11 10 09 59
 DIVISION OF CORPORATION

~~XX~~ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- ~~XX~~ CERTIFIED COPY
- ~~XX~~ PLAIN STAMPED COPY
- ~~XX~~ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

EXAMINER'S INITIALS:

JP
2-4-99