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May 04, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # S83087

1. Corporation Name
STILLEX CORPORATION

Principal Place of Business

444 BRICKELL AVE
 SUITE 51-246
 MIAMI FL 33131

Mailing Address

444 BRICKELL AVE
 SUITE 51-246
 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1991

4. FEI Number

65-0294240

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IBC FIDUCIARY INC
 100 S E SECOND STREET
 SUITE 2315-A
 MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME: HANNE, JUERGEN
 STREET ADDRESS: 7TH AVE SW 1204 DOME TWR
 CITY-ST-ZIP: CALGARY, ALBERTA CA

TITLE DELETE

NAME: VPS SMEJDA, L.
 STREET ADDRESS: 51-246, 444 BRICKELL AVE
 CITY-ST-ZIP: MIAMI FL

TITLE DELETE

NAME: S DELLAVEDOVA, A.
 STREET ADDRESS: 444 BRICKELL AVE. #51-246
 CITY-ST-ZIP: MIAMI FL

TITLE DELETE

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE DELETE

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE DELETE

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

NAME: AS MEDINA, D.
 STREET ADDRESS: 444 Brickell Ave., Suite 51-246
 CITY-ST-ZIP: Miami, FL 33131

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

D. Medina 4/27/99

(305) 358-9990

Date

Daytime Phone #

CR2E034 (11/98)