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FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **S83087** **(4)**

1. Corporation Name
STILLEX CORPORATION

Principal Place of Business	*Mailing Address*
444 BRICKELL AVE **SUITE 51-246** **MIAMI FL 33131**	**444 BRICKELL AVE** **SUITE 51-246** **MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/26/1991**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **65-0294240**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

IBC FIDUCIARY INC
100 S E SECOND STREET
SUITE 2315-A
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**DPT**	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	**HANNE, JUERGEN**		1.2 NAME		
STREET ADDRESS	**7TH AVE SW 1204 DOME TWR**		1.3 STREET ADDRESS		
CITY-ST-ZIP	**CALGARY, ALBERTA CA**		1.4 CITY-ST-ZIP		
TITLE	**VPS**	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	**SMEJDA, L.**		2.2 NAME		
STREET ADDRESS	**51-246, 444 BRICKELL AVE**		2.3 STREET ADDRESS		
CITY-ST-ZIP	**MIAMI FL**		2.4 CITY-ST-ZIP		
TITLE	**AS**	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	**CARBAYO, E.**		3.2 NAME	Dellavedova, A.	
STREET ADDRESS	**444 BRICKELL AVE. #51-246**		3.3 STREET ADDRESS	444 Brickell Ave. #51-246	
CITY-ST-ZIP	**MIAMI FL**		3.4 CITY-ST-ZIP	Miami, FL	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: Kay Dellavedova A. Dellavedova 4/30/98 305-358-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # **0181648**

CR2E034 (10/97)