

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

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000004189 (3)**

1. Corporation Name

**REDING INTERNATIONAL S.A.**



Principal Place of Business <b>ARANGO-ORILLAC BLDG. 2ND FL E. 54TH ST PANAMA 7 REPUBLIC OF PANAMA</b>	Mailing Address <b>ARANGO-ORILLAC BLDG. 2ND FL E. 54TH ST PANAMA 7 REPUBLIC OF PANAMA</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/06/1997**

4. FEI Number **58-1963715**

Applied For

**NOT APPLICABLE**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No **N/A**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**STILLWELL, CLARK A  
320 HIGHWAY 41 SOUTH  
BANK OF INVERNESS BLDG  
INVERNESS FL 34450**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b>
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 I accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

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

**Clark A. Stillwell, Registered Agent/Atty.**

DATE

**5/12/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASHBURN, JUAN</b>	1.2 NAME	
STREET ADDRESS	<b>ARANGO-ORILLAC BLDG 2ND FL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REPUBLIC OF PANAMA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ, FRANCIS</b>	2.2 NAME	
STREET ADDRESS	<b>ARANGO-ORILLAC BLDG 2ND FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REPUBLIC OF PANAMA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VAST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE ZELAYA, HERCILIA M</b>	3.2 NAME	
STREET ADDRESS	<b>ARANGO-ORILLAC BLDG 2ND FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REPUBLIC OF PANAMA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VAST</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKAY, CORNELIO</b>	4.2 NAME	
STREET ADDRESS	<b>ARANGO-ORILLAC BLDG 2ND FL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REPUBLIC OF PANAMA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VASD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLANO, KATIA</b>	5.2 NAME	
STREET ADDRESS	<b>ARANGO-ORILLAC BLDG 2ND FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REPUBLIC OF PANAMA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VASD</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NUNEZ, ABDIEL</b>	6.2 NAME	
STREET ADDRESS	<b>ARANGO-ORILLAC BLDG 2ND FL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REPUBLIC OF PANAMA</b>	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 in an attachment with an address.

**Registered Agent and Attorney**

*Clark A. Stillwell* **352**  
**58-1963715**

CR2E034 (10/97)