. 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S83087 1. Entity Name						A M E N D MUMBON T SECRETARY OF STATE CRATIONS		
Stillex Corporation						00 DEC -5 AM 10: 25		
Principal Place of Business Mailing Address							110. 20	
444 Brickell Avenue 444 Brickell Avenue								
PMB 51-246 PMB 51-246				VOIIGO	1			
Miami, FL 33131 Miami, FL 331				L	ł			
·)	•		
2. Principal Place	e of Business	3. Mailing Address						
Suite, Apt. #, e	atc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State		City & State				4. FEI Number Applied For 65 - 0294240 Not Applicable		
Zip Country		Zip Co		untry	SS 75 Additional			
			<u> </u>		Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
			Name	<u> </u>	·			
IBC Fiduciary Inc.					Street Address (P.O. Box Number is Not Acceptable)			
100 S.E. 2nd Street								
Suite #2315-A				City Zip Code		Zin Codo		
Miami, F	L 33131			City	FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE								
Signature, typed or printed name of registered agent and utile in applicable. (NOTE: Registered Agent signature fedured when remissiating); DATE 1, 2, 3								
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Si					50.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D		12.			IONS/CHANGES TO OFFICERS AND DII	RECTORS IN 11	
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	44 Brickell Av	PMB 51-24	NAM STR	EET ADDRESS		Brickell Av., PMB !	51-246	
	iami, FL 33131	,		- ST - ZIP		i, FL 33131	ZE0	
	-AS	X Delete	TITL	E	P-D	X	Change Addition	
	edina, D.		NAM		Medir	na, D.	-1 046	
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13. 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 report or supplemental 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 11 or Block 12 if changed, by on an attachment with an address, with all other like empowered.								
SIGNATURE: D. Medina 11/20/00305-358-9990								
,	SIGNATURE AND TYPE	OR PRINTED NAME OF SIG	NING OF	FICER OR DIF	RECTOR		time Phone #	