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

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**PROFIT** Mar 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (2)STAT INTERNATIONAL BILLING, INC. Principal Place of Business Mailing Address 13144 PARK BLVD 12302 NE 6 AVE SEMINOLE FL 34646 DO NOT WRITE IN THIS SPACE NORTH MIAMI FL 33161 3. Date Incorporated or Qualified 09/16/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0358732 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Properly Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STACHEWITSCH, ANDRE 12302 NE 6 AVE 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI FL 33161 в3 84 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 II applicable. (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE ☐ Change Addition NAME STACHEWITSCH, ANDRE 1.2 NAME 12302 N E 6 AVE STREET ADDRESS 1.3 STREET ADDRESS n miami fl CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition FRIEDEWALD, DON NAME 2.2 NAME 12302 N E 6 AVE STREET ADDRESS 2.3 STREET ADDRESS N MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition STACHWITSCH, MARC 32 NAME 12302 N E 6 AVE STREET ADDRESS 3.3 STREET ADDRESS N MIAMI FL CITY-ST-ZIP 3.4. CITY - ST - 2(P DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 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 supplimental 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 director of the corporation or the receiver or director of the corporation or an attachment with an address.

**FILED**