

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 01 1996 8:00 am
Secretary of State

DOCUMENT # **L22427** (3)

1. Corporation Name

QUALITY BILLING CORP.



Principal Place of Business

Mailing Address

10240 SW 56TH STREET
101
MIAMI FL 33185
US

4345 SW 72 Ave
STE D
MIAMI, FL 33155

10240 SW 56TH STREET
101
MIAMI FL 33185
US

2. Principal Place of Business

2a. Mailing Address

21 4345 SW 72 AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE D

27

City & State

City & State

23 MIAMI, FL 33155

28

Zip

Country

Zip

Country

24 33155

25

DADE

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTELL, ANA
10240 SW 56TH STREET
SUITE 101
MIAMI FL 33185

4345 SW 72 Ave
STE D
MIAMI, FL 33155

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 of the person who is authorized to sign this statement on behalf of the corporation

Signature of the Registered Agent (Signature required when not standing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CASTELL, ANA
STREET ADDRESS 10240 SW 56TH STREET, #101
CITY-STATE-ZIP MIAMI FL
☐ DELETE

1.1 TITLE PRESIDENT
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
☒ Change ☐ Addition

TITLE P
NAME CASTELL, JUAN
STREET ADDRESS 10240 SW 56TH STREET
CITY-STATE-ZIP MIAMI FL
☐ DELETE

2.1 TITLE
2.2 NAME DIRECTOR
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25/96

(305)668-4400

CR2E034 (12/95)