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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P 93000009769
 1. Corporation Name
Billing - ACCOUNTING Corporation

| | |
|--|---|
| Principal Place of Business 12293 S.W. 28 TERR MIAMI FLA 33175 | Mailing Address 12293 SW. 28 TERR MIAMI FLA 33175 |
|--|---|

| | | | |
|--------------------------------------|---------------------------|---|---------------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified Feb 9 1993 | 3a. Date of Last Report |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 65-0390758 | Applied For Not Applicable |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip 29 | Country 30 | 8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | |
|--|--|---|----------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| MARCIA GARCIA ZALDIVAR 12293 SW. 28 TERR. MIAMI FLA 33175. | | 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: *Marcia Garcia Zaldívar* **MARCIA GARCIA ZALDIVAR** *Presid.* **4-29-95**
Signature (last or printed name of registered agent and title if applicable) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | President MARCIA GARCIA ZALDIVAR 12293 SW. 28 TERR MIAMI FLA 33175 | 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VICE PRESIDENT ANTONIO GARCIA 12293 SW 28 TERR MIAMI FLA 33175 | 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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: *Marcia Garcia Zaldívar* **MARCIA GARCIA** **4-29-95** (305) 226-8517
Signature AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (PHONE NUMBER)