**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 9:22

DOCUMENT # **P93000019973 (5)**

1. Corporation Name
**BILLING BUREAU, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7370 N.W. 36TH ST.<br>SUITE 415-A<br>MIAMI FL 33166 | 7370 N.W. 36TH ST.<br>SUITE 415-A<br>MIAMI FL 33166 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/17/1993
3a. Date of Last Report: 02/24/1994

| | Principal Place of Business | Mailing Address |
|---|---|---|
| 2. / 2a. | 21 7370 NW 36TH St. | 26 7370 NW 36TH St. |
| Suite, Apt. #, etc. | 22 415 I | 27 415 I |
| City & State | 23 MIAMI FLORIDA | 28 MIAMI FLORIDA |
| Zip / Country | 24 33166 / 25 USA | 29 33166 / 30 USA |

4. FEI Number: 65-0411980 ☐ Applied For ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GONZALEZ, MARIA G
12306 S.W. 104TH LANE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: RAFAEL GONZALEZ
82 Street Address (P.O. Box Number is Not Acceptable): 5700 SW 127 Ave.
83 Aptm 1213
84 City: MIAMI FL 85 Zip Code: 33183

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: _____ RAFAEL GONZALEZ 6/23/95
Signature, typed/printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES, DELETIONS AND CORRECTIONS | |
|---|---|---|---|
| TITLE | D | 1 1 TITLE | ☐ Change ☐ Addition |
| NAME | GONZALEZ, MARIA C | 1 2 NAME | |
| STREET ADDRESS | 12306 S.W. 104TH LANE | 1 3 STREET ADDRESS | OUT |
| CITY-ST-ZIP | MIAMI FL 33186 | 1 4 CITY-ST-ZIP | |
| TITLE | D | 2 1 TITLE | ☐ Change ☐ Addition |
| NAME | GUTIERREZ, NORMA | 2 2 NAME | |
| STREET ADDRESS | 9405 W. FLAGLER ST. #111 | 2 3 STREET ADDRESS | OUT |
| CITY-ST-ZIP | MIAMI FL 33174 | 2 4 CITY-ST-ZIP | |
| TITLE | D | 3 1 TITLE | P ☐ Change ☐ Addition |
| NAME | GONZALEZ, RAFAEL | 3 2 NAME | GONZALEZ RAFAEL |
| STREET ADDRESS | 5700 S.W. 117TH AVENUE, #1213 | 3 3 STREET ADDRESS | 5700 S.W. 127TH Ave #1213 |
| CITY-ST-ZIP | MIAMI FL | 3 4 CITY-ST-ZIP | MIAMI FL 33183 |
| TITLE | | 4 1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4 2 NAME | |
| STREET ADDRESS | | 4 3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4 4 CITY-ST-ZIP | |
| TITLE | | 5 1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5 2 NAME | |
| STREET ADDRESS | | 5 3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5 4 CITY-ST-ZIP | |
| TITLE | | 6 1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6 2 NAME | |
| STREET ADDRESS | | 6 3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6 4 CITY-ST-ZIP | |

CR2E034 (3/95)

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)(i), Florida Statutes. I further certify that the information indicated on the 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 the 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:** _____ RAFAEL GONZALEZ 6/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0066878 CP