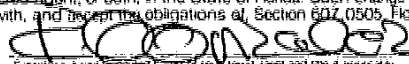


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

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	
DOCUMENT # P93000019973 (5)				95 JUN 28 AM 9:22	
1. Corporation Name BILLING BUREAU, INC.					
Principal Place of Business 7370 N.W. 36TH ST. SUITE 415-A MIAMI FL 33166		Mailing Address 7370 N.W. 36TH ST. SUITE 415-A MIAMI FL 33166		DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business 21 7370 NW 36TH St.		2a. Mailing Address 26 7370 NW 36TH St.		3. Date Incorporated or Qualified 03/17/1993	
22. Suite, Apt. #, etc. 22 415 I		27. Suite, Apt. #, etc. 27 415 I		4. FEI Number 65-0411980	
23. City & State MIAMI FLORIDA		28. City & State MIAMI FLORIDA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24. Zip 33166		29. Zip 33166		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
25. Country USA		30. Country USA		7. 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		
			85. Zip Code FL 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		
12. OFFICERS AND DIRECTORS					
TITLE	D				
NAME	GONZALEZ, MARIA C				
STREET ADDRESS	12306 S.W. 104TH LANE				
CITY - ST - ZIP	MIAMI FL 33186				
TITLE	D				
NAME	GUTIERREZ, NORMA				
STREET ADDRESS	9405 W. FLAGLER ST. #111				
CITY - ST - ZIP	MIAMI FL 33174				
TITLE	D				
NAME	GONZALEZ, RAFAEL				
STREET ADDRESS	5700 S.W. 117TH AVENUE, #1213				
CITY - ST - ZIP	MIAMI FL				
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, AND OTHER OFFICERS					
1.1 TITLE	☐ Change ☐ Addition				
1.2 NAME					
1.3 STREET ADDRESS	OUT				
1.4 CITY - ST - ZIP					
2.1 TITLE	☐ Change ☐ Addition				
2.2 NAME					
2.3 STREET ADDRESS	OUT				
2.4 CITY - ST - ZIP					
3.1 TITLE	☐ Change ☐ Addition				
3.2 NAME	P				
3.3 STREET ADDRESS	GONZALEZ RAFAEL				
3.4 CITY - ST - ZIP	5700 S.W. 127TH Ave #1213				
4.1 TITLE	☐ Change ☐ Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE	☐ Change ☐ Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE	☐ Change ☐ Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
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(1)(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: 			RAFAEL GONZALEZ		
			6/23/95		

CR2E034 (3/95)