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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000028070 (9)

**1. Corporation Name
BEST BILLING SERVICES INC.**

**Principal Place of Business Mailing Address
13415 S.W. 12TH TERRACE 13415 S.W. 12TH TERRACE
MIAMI FL 33184 MIAMI FL 33184**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/15/1993 3a. Date of Last Report 05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 4800 W Flagler	26 4800 W Flagler	65-0403187	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 #213	27 # 213	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Miami, Florida	28 Miami, Florida		
Zip	Country	Zip	Country
24 33134	25 DADE	29 33134	30 DADE

9. Name and Address of Current Registered Agent
BOWLEY, GUILLERMO
13415 S.W. 12TH TERRACE
MIAMI FL 33184

10. Name and Address of New Registered Agent

81 Name	Bowley, Guillermo
82 Street Address (P.O. Box Number is Not Acceptable)	4800 W Flagler, STE# 213
83	
84 City	Miami
85 State	FL
86 Zip Code	33134

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 _____ **NOTE: Registered Agent signature required when registering** _____ **DATE** _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOWLEY, GUILLERMO
STREET ADDRESS	13415 S.W. 12TH TERRACE
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	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	BOWLEY, GUILLERMO
14 CITY - ST - ZIP	4800 W Flagler, STE# 213 Miami, FL 33134
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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: _____ **Guillermo Bowley** **07/27/95** **305-445-1156**