

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000028070 (9)**

1. Corporation Name
BEST BILLING SERVICES INC.



Principal Place of Business 4800 W FLAGLER #213 MIAMI FL 33134 US		Mailing Address 4800 W. FLAGLER #213 MIAMI FL 33134-1401 US		3. Date Incorporated or Qualified 04/15/1993	3a. Date of Last Report 04/02/1996
2. Principal Place of Business 21 175- FOUNTAIN BLVD	2a. Mailing Address 26	4. FEI Number 65-0403187	Applied For Not Applicable		
22 1R12-	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
23 MIAMI FL	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
24 33172	25 DADE	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent FUENTES, VILMA 4800 W. FLAGLER STREET, SUITE 213 MIAMI FL 33134				10. Name and Address of New Registered Agent			
81	Name VILMA FUENTES			85	Zip Code 33172		
82	Street Address (P.O. Box Number is Not Acceptable) 175- FOUNTAIN BLVD						
83	Suite Suite 1R12						
84	City MIAMI			85	Zip Code FL 33172		

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 and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Vilma Fuentes* (NOTE: Registered Agent signature required when reinstating) DATE: **3/25/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDT	NAME MARIN, STEVE	1.1 TITLE President	1.2 NAME VILMA FUENTES
STREET ADDRESS 4800 W FLAGLER STREET, SUITE 213	CITY-ST-ZIP MIAMI FL	1.3 STREET ADDRESS 175- FOUNTAIN BLVD	1.4 CITY-ST-ZIP MIAMI 33172
TITLE VPDS	NAME FUENTES, VILMA	2.1 TITLE	2.2 NAME
STREET ADDRESS 4800 W. FLAGLER STREET, SUITE 213	CITY-ST-ZIP MIAMI FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
		900002131979 -04/02/97--01119--041 ***165.00	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Vilma Fuentes* DATE: **3/25/97** (305) 229-0790

CFE034 (9/96)