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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DIVISION OF DOCUMENT # P93000037407 (2)

J & A ELECTRONIC BILLING, INC.

FILED Mar 07 1997 8:00am Secretary of State



Principal Place of Business	Mailing Address		4 ADDITODI IIN INTRA EREET RASEL MATIT AWITT	AMINA ILII IRBI AINII MAIII INDI IN
6741 SW 24TH STSTE.47	6741 SW 24TH STSTE.47			
MIAMI FL 33155	MIAMI FL 33155-1767	/ . A.M.		
		newadows w 24 5T	3. Date Incorporated or Qualified 05/25/1993	3a. Date of Last Report 11/12/1996
2. Principal Place of Business	2a. Mailing Address	.) 20/	4. FEI Number	Applied
1 9100 SW 2457	26 9100 >	W 24 57	65-0412575	Not Appl
Suite, Apt. #, etc. 2 Ste = # 7	Suite Apt. #, etc.	7	5. Certificate of Status Desired	\$8.75 Addition
City & State	City & State	_ 0	6. Election Campaign Financing	\$5.00 May 6
Miani	28 1 (19 Mi	F	Trust Fund Contribution	Added to Fee
Zip Country	Zip	Country  OADE	8. This corporation has liability for it	_ ~
37/45 25 DA /	29  ラッ/45 of Current Registered Agent	30    D A D E	Florida Statutes L  10. Name and Address of New Reg	Yes No
ARIAS, IDANIA C	Cultan Negletered Agent	81 Name	10, Hame and Address of Hew He	Sistered Agent
8741 SW 24TH ST.			7	
SUITE 47		82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
MIAMI FL 33155		83	######################################	
Migratil FE 00100				
		84 City		FL 65 Zip Code
11. Pursuant to the provisions of Sections	607 0502 and 607 1509 Florida Statut	es the above-named corn	oration submits this statement for the n	
SIGNATURE Signature sycerclor printed nation of the OFFIC  12. OFFIC	gisserect agent and lefte if applicable (NOT)	Registered Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTORS IN 1
PD PD	DELETE	1.1 TITCE	1,0011,010,011,11000,100,1110	Change /
ARIAS, IDANIA C		1.2 NAME		_ ,
THEE ACCORESS 6741 SW 24TH ST.,ST	E.47	1.3 STREET ADDRESS		
MAMI FL 33155		1.4 CHTY~ST~ZIP		
ITLE	DELETE	2 1 TITLE		Change
(AM)		2.2 NAME		
FIREET ADDRESS		2.3 STREET ADDRESS		
01Y - \$1 - 7If		2. 4 CITY-\$T-ZIP		
Ші	☐ DELETE	3.1 TITLE		Change
MV:		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
04Y+S1 70F	DELETE	3.4. CITY~ST~ZIP 4.1 TITLE		Change
	E occeit	4.1 III.E 4.2 NAME		Cuenke []
NAVE PERSONAL ANDRESS		4. 2 NAME 4.3 STREET ADDRESS		
STREET ADDIFESS		1		
CMY - ST - ZIP	DELETE	4.4 CITY-ST-ZIR 5.1 TITLE		Change
NAM'r	Name of the last o	5.2 NAME	•	
STREET ADDRESS		5.3 STREET ADDRESS		
GFY S1-749		5 4 CITY-ST-ZIP		
Did	DELETE	6.1 TITLE		Change
NAMI		6 2 NAME		<del>-</del>
STHEET ACORESS		63 STREET ADORESS	•	
CITY-S1-70°		6.4 CITY-ST-ZIP		
14. I do hereby certify that the information	n supplied with this filing does not quali		in Section 119.07(3)(i), Florida Statule	s. I further certify that the

4. Edo 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 direction 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-20-97

305-226-2511