FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 FEB 17 PM 3:27

DOCUMENT # P93000038052 (5)

1. Corporate Name
UNLIMITED ELECTRONIC BILLING SERVICES, INC.

Principal Place of Business
4381 WEST 16TH AVENUE
HIALEAH FL 33012

Mailing Address
4381 N 16TH AVE
HIALEAH FL 33012
US

(Certificate and Filing Date)

3. Date of Incorporation: 05/26/1993
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business
21
Street, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: 65-0412726 — 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 Ch. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

WE MEAN BUSINESS INC
9999 SUNSET DRIVE
#202
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: (Signature of a New Registered Agent required if applicable) (Signature of Current Registered Agent required if applicable) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[ ] Change [ ] Addition
NAME	RODRIGUEZ, OSCAR A	12 NAME	
STREET ADDRESS	4381 WEST 16TH AVE.	13 STREET ADDRESS	
CITY, ST, ZIP	HIALEAH FL 33012	14 CITY, ST, ZIP	
TITLE		21 TITLE	[ ] Change [ ] Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is accurate, and that I am not liable for the corporate income tax for the current year under Chapter 220, Florida Statutes. I further certify that 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 above with an asterisk.

SIGNATURE: PRESIDENT 2/14/95 (305) 826-2555
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR

0070060 CP