FILED

Feb 27, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000072471 1. Corporation Name

S.A. BILLING & COLLECTION SERVICE, INC.

Principal Place	e of Business	Mailing Address							
9001 NW 117 T	9001 NW 117 TERR	R							
HIALEAH GARDENS FL 33018 HIALEAH GARDENS FL 330									
US	US				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualife	3		
						10/19/1993			
	lace of Business	2a. Mailing Address		_		4. FEI Number			Applied For
21 9001 NW 117 Tene. 26 9001 NW				enr	v .	65-0443068			Not Applicable
Suite, Apt.	Suite, Apt. #, etc.	uite, Apt. #, etc.			E Contiferate of Status Desired		\$8.75	Additional -	
22		27				5. Certifcate of Status Desired	u	Fee F	Required
City & Stat	8	City & State			6. Election Campaign Financing		\$5.00	May Be	
	wh GARdons	28 HiAlenh GANDENS			Trust Fund Contribution Added to Fees				
Zip	Country Zip			ntry		8. This corporation owes the cu	rent vear Inta	naible	
_ `~~				Ei	g. This corporation are derived your management				
24 330	9. Name and Address of Curre	120	30; ·	<u> </u>		10. Name and Address of New			
	9. Name and Address of Core	In Registered Agent	 +	81	Name	10, Haille and Hastes of House		34	
APARICIO, SURAMA					realing			·	
9001 NW 117 TERR				82 Street Address (P.O. Box Number is Not Acceptable)					
	· · · · · · · · · · · · · · · · · · ·		Į	<u></u> .					
HIAL	EAH GARDENS FL 33016		j	83				٠.	
				84	City	_ 		85 Zip	p Code
				04	City	•	FL	65 2	70000
11 Pursuant	to the provisions of Sections 607 050	02 and 607.1508. Florida Statute	s. the at	oove-	-named con	poration submits this statement for th	e purpose of c	hanging if	ts registered
office or n	egistered agent, or both, in the State	of Florida. Such change was au	thorized	DV t	he corporat	ion's board of directors. I hereby acc	ept the appoint	ment as r	registered
agent. I a	n familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statu	ites.					
SIGNATURE							DATE		
	Signature, typed or printed name of registered age	<u></u>		Agent	signature requir	ADDITIONS/CHANGES TO O		DIRECT	CORS IN 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO O	FFICEIO AND	Change	
TITLE	PSTO CHOMA	D pereie	1,1 111						,
NAME	APARICIO, SURAMA		1.2 NA	ME				,	
STREET ADDRESS	9001 NW 117 TERR		1.3 \$∏	REET A	ADDRESS				
CITY-ST-ZIP			1.4 CIT	TY-ST-	- ZIP				
TITLE	☐ DELETE 2.1		2.1 TIT	Œ	i	•		Change	e 🗌 Addition
NAME			2.2 NA	ME					ļ
STREET ADDRESS			2.3 ST	REET /	ADDRESS				
			2. 4 CT	TV. ST.	. 7ID	Ý		_	. [
CITY-ST-ZIP	···········	DELETE	3.1 111		-21			Change	e ☐ Addition
TITLE			3.2 NA					-	_
NAME									
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4. CF		- ZIP				Addition
TITLE		☐ DELETE	4.1 TfT	LE				☐ Change	e
NAME			4.2 NA	AME.	}				
STREET ADDRESS			4.3 S∏	REETA	ADDRESS				
CITY-ST-ZIP			4.4 CIT	ry-st-	-ZIP				
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NAME			5.2 NA						
STREET ADDRESS			5.3 ST	REET #	ADDRESS				
			5.4 CIT						
CITY- ST- ZIP		DELETE	6.1 T/T			appropriate transfer for the state of the st		Change	e
TITLE		□ DELETE	6.2 NA					ال ماسان	
NAME.			1		ARROTEC				
STREET ADDRESS					ADDRESS				}
CITY-ST-ZIP			6.4 CIT	Y-ST-	ZIP				

14. I 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 attaching it with an address, with all other like empowered.