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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000012963 (2)

BILLS R US, INC.

Mailing Address

FILED Jan 24 1997 8:00am Secretary of State



| Principal Mace | Of Bushess | Maling Address | Maling Address | | | | | | | |
|---------------------------------|---|--|---|--------------------------------|-----------------|--|---------------------------------------|---------------|----------------|--|
| 2220 WEST 74T HIALEAH FL 331 | | 2220 WEST 74TH ST., # HIALEAH FL 33016-6853 | 2220 WEST 74TH ST., #202 HIALEAH FL 33016-8853 | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 02/16/1994 | od 3a. Date of Last Report 04/19/1996 | | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4. FEI Number | 7 7 7 | | pplied For | |
| 21 | | 26 | | | | 65-0503629 | | N | lot Applicable | |
| Suite, Apt. # | f. etc. | Suite Apt. #, etc. | | | | CT \$8.75 Additional | | | | |
| 22 | | 27 | 27 | | | 5. Certificate of Status Desired | | Fee R | lequired | |
| City & State | | City & State | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be | |
| 23 | 28 | | | | | Trust Fund Contribution | | | to Fees | |
| <i>Z</i> ip | Country | Zip Cou | | | | 8. This corporation has liability for intangible tax under s. 199,032, | | | | |
| 24 | 25 29 30 | | | Florida Statutes | | | | | | |
| | 9. Name and Address of Curre | nt Registered Agent | | | | 10. Name and Address of New Re | stered Aç | ent | | |
| RAM | OS, ROGELIO | | | 81 | Name | | | | | |
| 2220 WEST 74TH ST., APT. 202 | | | | | Stroot Ac | dress (P.O. Box Number is Not Acceptab | le) | <u> </u> | | |
| HIALEAH FL 33016 | | | | | SHEELAL | duress (F.O. BOX Number is Not Acceptab | , o | | | |
| | | | | 83 | | | | | | |
| | | | | | | | · ············· | | | |
| • | | | | 84 | City | | FL | 85 Zip | Code | |
| 11 Presuant la | a the provisions of Sections 607.05 | 02 and 607 1508. Florida Stat | utes the at | nove | -named co | orporation submits this statement for the p | | hanging | its registered | |
| office or re | egistored agent, or both, in the State | a of Florida. Such change was | s authorized | d by | the corpo | ration's board of directors. I hereby accep | t the appoi | ntment as | s registered | |
| agent Lar | n tamil ar with, and accept the oblic | jations of, Section 607.0505, I | Florida Stat | utes | • | | | | | |
| SIGNATURE | | | A71 5 | | | quired when reinstating) | DATE | | | |
| 12. | Signature, typed or printed name of registered ag | ID DIRECTORS | 13. | J ,Nger | ni signature re | ADDITIONS/CHANGES TO OFFICE | | IDECTO | DC IN 12 | |
| TOTLE | D OTTIGENS AI | DELETE | 1,1 10 | rı E | | ADDITIONS/CHANGES TO OTTIC | | Change | Addition | |
| | RAMOS, ROGELIO | L.J DECEM | | | | | L- | _ Criticingo | Aconton | |
| NAME | 2220 WEST 74TH ST. #202 | | I | 1.2 NAME 1.3 STREET ADDRESS | | | | | | |
| STREET ADDRESS | HIALEAH FL 33016 | | | REET | ADDRESS | | | | | |
| City - St - ZiP | | The state of the s | | TY-\$1 | I - 21P | | | 1 60 | The state of | |
| TITLE | D OADIOAD | ☐ DELETE | 2 1 TITLE | | 1 | | L. | Change | Addition | |
| NAME | HERNANDEZ, CARIDAD | | 22 NAME | | - (| | | | | |
| STREET ADDRESS | 2220 WEST 74TH ST. #202 | | 2.3 STREET ADDRESS | | ADDRESS | | | | | |
| CHTV - S1 - ZIP | HIALEAH FL 33016 | | | ITY-S | T-ZIP | | | | | |
| THLE | D | ☐ DELETE | 3 1 TH | 3 1 TITLE | | | T | Change | ☐ Addition | |
| NAME | RAMOS, RAFAEL | | 32 N/ | AME | | | | | į | |
| STREET ADDRESS | 780 EAST 7TH ST. | | 3 3 ST | TBEET | address | | | | ſ | |
| City-St-7/2 | HIALEAH FL 33010 | | 3.4. C | 3.4. CITY-ST-ZIP | | | | | | |
| TITLE | | DELETE | 4170 | | | | | Change | Addition | |
| NAME | | | 4. 2 N | AME | | | | | ļ | |
| STREET ADDRESS | | | 4.3.51 | TREET | ADDRESS | | | | | |
| City-St-ziP | | | 4.4 CI | | | | | | | |
| TITLE | | DELETE | 5.1 10 | | , 411 | | T | Change | Addition | |
| | | L. Piccit | 5.2 NAME | | ļ | | | | | |
| NAME OZDOCZ AMOSTACIO | | | | | ADDRESS | | | | | |
| STREET ADORESS | | | | | ADDRESS | | | | | |
| CITY - ST - ZIP | | DELETE | 5.4 CI | | I - ZIP | | | Channe | Addis- | |
| TITLE | | DELETE | 61 TITLE | | | | L | Change | Addition | |
| NAME | | | 62 N | AME |] | • | | | | |
| STREET ADDRESS | | | 6.3 S1 | TAEET | ADDRESS | | | | ļ | |
| CHTY - ST - ZIP | | | 6.4 CI | ITY-S | I - ZIP | | | | | |
| 14. I do here: | by certify that the information supplie | ed with this bling does not qu | alify for the | exe | mption sta | ted in Section 119.07(3)(i), Florida Statute | s. I further o | ertify tha | it the | |

. 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 purp emergial 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 correction of the receiver but tusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 hydrological or on an attachment with an address.

SIGNATURE:

SIGNATURE AND EXPLOSE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-17 (201) 8W-3V3;