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Apr 29, 1999 8:00 am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000017972

1. Corporation Name  
A1A BILLING AND COLLECTION INC.

Principal Place of Business

7880 W. 20 AVENUE  
BAY 31  
HIALEAH FL 33016  
13217 SW 49ct  
MIAAMAR FL 33027

Mailing Address

7880 W. 20 AVENUE  
BAY 31  
HIALEAH FL 33016  
P.O. Box 170634  
Hialeah FL 33017

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a	2a. Mailing Address	3.	Date Incorporated or Qualified	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/03/1994		65-0484533	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired			\$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation owes the current year Intangible Personal Property Tax.			<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

GONZALEZ, ISIS M  
7880 W. 20 AVENUE  
BAY 31  
HIALEAH FL 33016

13217 SW 49ct  
MIAAMAR FL 33027

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box: Number is Not Acceptable)
83	
84	City
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	1.1 TITLE	
NAME	GONZALEZ, ISIS M	1.2 NAME	
STREET ADDRESS	7880 W. 20 AVENUE BAY 31	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	GONZALEZ, ISIS M	2.2 NAME	
STREET ADDRESS	7880 W. 20 AVENUE BAY 31	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)