

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.  
AMOUNT DUE ON OR BEFORE 6/30/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUL -3 AM 8: 26

**DOCUMENT # P94000020872 (5)**

1. Corporation Name  
**A-J BILLING SERVICES, INC.**

Principal Place of Business      Mailing Address  
**14818 S.W. 58TH ST. MIAMI FL 33193**      **14818 S.W. 58TH ST. MIAMI FL 33193**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/14/1994**      3a. Date of Last Report

4. FEI Number: **105-0475673**      Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. This corporation is a:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for surcharges for underpayment of taxes under s. 1103(12) Florida Statutes:  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21. State, Apt. #, etc      26. State, Apt. #, etc  
22. City & State      27. City & State  
23. Zip      28. Zip

24. Country      25. Country      29. Country      30. Country

9. Name and Address of Current Registered Agent  
**JIMENEZ, DENIA DENIA  
14818 S.W. 58TH ST.  
MIAMI FL 33193**

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 607.1509, 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: \_\_\_\_\_ Registered Agent signature required when necessary      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. Additional Officers and Directors	
TITLE	<b>DENIA Jimenez President</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DENIA Jimenez</b>	12 NAME	
STREET ADDRESS	<b>14818 SW 58 ST</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL 33193</b>	14 CITY, ST, ZIP	<b>MIAMI FL 33193</b>
TITLE	<b>Alvaro Jimenez officer</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Alvaro Jimenez</b>	22 NAME	
STREET ADDRESS	<b>14818 SW 58 ST</b>	23 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL 33193</b>	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(k), Florida Statutes. I further certify that the information reflected 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 as an attachment with an address.

SIGNATURE: **Denia Jimenez DENIA Jimenez**      3/5-3534630  
DATE: **6/2/95**

CR2E034 (3/95)