

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000020872

1. Corporation Name

A.J. BILLING SERVICES, INC

Principal Place of Business

Mailing Address

14818 SW 58th Street
Miami FL 33193

14818 SW 58th Street
Miami FL 33193

3. Date Incorporated or Qualified

3a. Date of Last Report

03-14-94

2. Principal Place of Business

2a. Mailing Address

21 8045 NW 36th Street

26 8045 NW 36th Street

4. FEI Number

Applied For
Not Applicable

65-0475673

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 Suite 565

27 Suite 565

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

23 Miami FL

28 Miami FL

24 Zip 33166

25 Country USA

29 Zip 33166

30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DENIA JIMENEZ
14818 SW 58th Street
Miami FL 33193

81 Name DENIA JIMENEZ
82 Street Address (P.O. Box Number is Not Acceptable) 8045 NW 36th Street
83 Suite 565
84 City Miami FL 85 Zip Code 33166

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 Principal, President, or registered agent, or both, if applicable

(E) Registered Agent signature required when reinstating

04/17/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	DENIA JIMENEZ	
STREET ADDRESS	14818 SW 58th Street	
CITY - ST - ZIP	Miami FL 33193	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DENIA JIMENEZ	
1.3 STREET ADDRESS	8045 NW 36th Street Suite 565	
1.4 CITY - ST - ZIP	Miami FL 33166	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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***200.00

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(3)(k), 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.

SIGNATURE:

Denia Jimenez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENIA JIMENEZ-PRESIDENT

04/17/96

(305)470 2029

Date

Daytime Phone #

CR2E034 (12/95)