**FILED** 

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90054 027 \*\*\*150.00

## 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 # P94000028790

1. Corporation Name

DIDECT BILLING SERVICES INC

DINEGI	DILLING SERVICES, INC.									
Principal Place	e of Business	Mailing Address							1 1947	
2654 SW 87 AV	/E	2654 SW 87 AVE	2654 SW 87 AVE			]				
STE 206	_	STE 206				DO NOT WRITE IN THIS	S SPACE			
······································		MIAMI FL 33165 US	MIAMI FL 33165			3. Date Incorporated or Qualifed				
03		,				04/14/1994			}	
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied Fo	or .	
21		26			٠, ٠	65-0481902		Not Applic		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del> </del>			_	\$8.7	5 Addition	al	
22		27			5. Certificate of Status Desired	Fee	Required			
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be			е	
23		28	28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Count	у		8. This corporation owes the current year in	<b>~</b>	_	-	
24	25	29 3	10			Personal Property Tax.	Yes	□No		
	9. Name and Address of Curre	nt Registered Agent		41		10. Name and Address of New Registered	1 Agent			
001	17ALET 100E 14		8	1 Na	me					
GONZALEZ, JOSE M 4160 W 5 LN			8	2 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)				
HIAL	EAH FL 33012		8	3			-			
			8	4 City	,		85 2	Zip Code		
				-		ration submits this statement for the purpose of				
agent, i a	m familiar with, and accept the obligi				ture required	when reinstating) DATE			_	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			-	
TITLE	D	☐ DELETE	1.1 TITLE				Chan	ige ∐¦A	Addition	
NAME	GONZALEZ, JOSE M		1.2 NAME	•					1	
STREET ADDRESS	4160 W 5 LN		1.3 STRE	ET ADDR	ESS					
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-	ST-ZIP		- Andrew Control of the Control of t			1 22	
TITLE	☐ DELETE 2.1						Chan	ige ∐A	Addition	
NAME			2.2 NAME	•						
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CITY-ST-ZIP			3.4. CITY				☐ Char	300 F7 A	Addition	
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NAME			4. 2 NAM							
STREET ADDRESS				ET ADDR	ESS				İ	
CITY-ST-ZIP		□ BELETE	4.4 CITY-				Char		Addition	
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NAME			5.3 STRE		Eee					
STREET ADORESS					E33					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				☐ Char	nge 🗆 🗆	Addition	
	A43 / 2007	☐ DETE 15	6.2 NAME				0	э- U.		
NAME NAME				ET ADDR	E66				- [	
STREET ADDRESS	Section of Section 22		0.3 \$ IRE	EI ADDK	L33				1	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

F SIGNING OFFICER OR DIRECTOR