

**CORPORATION
ANNUAL REPORT
1995**

FLORIDA DEPARTMENT OF REVENUE
Division of Corporations
Secretary of State

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 AM 11:40

DOCUMENT # P94000032951 (3)

1. Corporation Name

HIGH-Q BILLING SERVICES, INC.

Principal Place of Business

2712 DOUGLAS RD
MIAMI FL 33133

Mailing Address

2712 DOUGLAS RD
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-049 0227

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23. Zip

Country

28. Zip

30. Country

8. This corporation has liability for intangible tax under S. 193.012
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORENO, MARIA-ANTONIA
4277 SW 153RD PL
MIAMI FL 33185**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. I, in accordance with 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President
NAME	Fouad H. Scanday
STREET ADDRESS	725 Woodcrest Rd
CITY - ST - ZIP	Key Biscayne, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	☐ Change ☐ Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☐ Change ☐ Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☐ Change ☐ Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐ Change ☐ Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☐ Change ☐ Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	☐ Change ☐ Addition

**Use President
Doris C. Rivas
6031 SW 96 Ave.
Miami, FL 33173**

REMITTED BY MAY 1

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. Further, I 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:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 (35) 442-4122