

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998
DOCUMENT # P94000045895 (7)
1. Corporation Name
PRIETO BILLING SERVICE, INC.



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

Principal Place of Business
1550 MADRUGA AVE.
#310
CORAL GABLES FL 33146

Mailing Address
1550 MADRUGA AVE.
#310
CORAL GABLES FL 33146-3066

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
06/15/1994

3a. Date of Last Report
11/20/1996

4. FEI Number
65-0499850

Applied for
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent
DEL AMO, ESTHER
13764-3 SW 149 CIRCLE LANE
MIAMI FL 33186

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 607.0508, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and the corporation (NOTE: Registered Agent signature required when reinstating)
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	PRIETO, JOSE G	13764-3 SW 149 CR LN	MIAMI FL 33186	☐
VP	DEL AMO, ESTHER L	13764-3 SW 149 CR LN	MIAMI FL 33186	☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
11				☐	☐	☐
12				☐	☐	☐
13				☐	☐	☐
21				☐	☐	☐
22				☐	☐	☐
23				☐	☐	☐
24				☐	☐	☐
31				☐	☐	☐
32				☐	☐	☐
33				☐	☐	☐
34				☐	☐	☐
41				☐	☐	☐
42				☐	☐	☐
43				☐	☐	☐
44				☐	☐	☐
51				☐	☐	☐
52				☐	☐	☐
53				☐	☐	☐
54				☐	☐	☐
61				☐	☐	☐
62				☐	☐	☐
63				☐	☐	☐
64				☐	☐	☐

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.03(3)(b), Florida Statutes. I further certify that the information indicated on this filing is true and accurate, and that my signature shall have the same legal effect as if made under oath. 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 of this filing or on an attachment with an address.

CR2E034 (9/96)

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-06/17/98-01090-000
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