

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 17 PM 11:06**

**DOCUMENT # P94000059675 (6)**

1. Corporation Name

**DIAZ BILLING AND COLLECTIONS, INC.**

Principal Place of Business

**P.O. BOX 5-125  
HALEAH FL 33013**

Mailing Address

**P.O. BOX 5-125  
HALEAH FL 33013**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**08/12/1994**

3a. Date of Last Report

2. Principal Place of Business

**21 3750 W16 AVE**

Suite, Apt. #, etc.

**132-U**

City & State

**Hialeah FL**

2a. Mailing Address

**26 3750 W16 AVE**

Suite, Apt. #, etc.

**132-U**

City & State

**Hialeah FL**

4. FEI Number

**65-0533894**

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

24

**33 016**

Country

**Dade**

29

**33016**

Country

**Dade**

9. Name and Address of Current Registered Agent

**LAGO, MAGVYS  
5827 W. 28TH AVE.  
HALEAH FL 33016**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PSD  
LAGO, MAGVYS  
5827 W. 28TH AVE.  
HALEAH FL 33016**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VTD  
DIAZ, BASILLO  
501 W. 33RD PL.  
HALEAH FL 33012**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Change  Addition

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 110.07(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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Magvys Lago* **LAGO, MAGVYS**

4/10/95

(305) 558-0622

Signature also typed or printed name of signing officer or director

Date

Telephone Number