FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # P94000067985 (9)

1. Entity Name
THE ULTIMATE BILLING SERVICE INC.

ANNOLD
FILED

8:15

TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7801 CORAL WAY SUITE 121 MIAMI FL 33155	7801 CORAL WAY SUITE 121 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 09/15/1994
3a. Date of Last Report:

2. Principal Office Address
21
Suite, Apt. #
22
City, State
23
Zip
24 25

2a. Mailing Address
26
Suite, Apt. #
27
City & State
28
Zip
29 30

4. FEI Number: 65-0520107 ☐ 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 amounts due under s. 768.095 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEREZ, ZULEMA 7800 WEST 29TH LANE #102 HIALEAH FL 33016	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 Section 607.1505, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS
Title	D	☐ Change ☐ Addition
Name	PEREZ, ZULEMA	
Address	7800 WEST 29TH LANE #102	
City-St-Zip	HIALEAH FL 33016	
Title	STD	☐ Change ☐ Addition
Name	PEREZ, EDUARDO I	
Address	7800 WEST 29TH LANE #102	
City-St-Zip	HIALEAH FL 33016	
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		

14. I declare, under penalty of perjury, that the undersigned applied with the duly, voluntarily founded and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0166436 CP

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1995

DOCUMENT # P94000068004 (8)

MELODY TREATS, INC.

10211 W SAMPLE RD
SUITE 109
CORAL SPRINGS FL 33065

10211 W SAMPLE RD
SUITE 109
CORAL SPRINGS FL 33065

09/12/1994

4. 65-0534897

5. $8.75 Additional Fee Required

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

8. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

CARLETON, CALLIS N
10211 W SAMPLE RD
SUITE 109
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

84 FL 85

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: Callis N Carleton 5/4/95

12. OFFICERS AND DIRECTORS

D
CARLETON, CALLIS N
10211 W SAMPLE RD SUITE 109
CORAL SPRINGS FL 33065

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

P/S/D [X] Change [ ] Addition
CARLETON, CALLIS N
10211 W. SAMPLE ROAD, SUITE 109
CORAL SPRINGS, FLORIDA, 33065

14. To the best of my knowledge, that the information supplied with the blank is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature below authorizes the making of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an indication of any change.

SIGNATURE: Callis N Carleton 5/4/95 305-346-2274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0100021 CR