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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000070591 (0)

LUNA BILLING COMPANY, INC.

FILED Apr 09 1998 8:00am Secretary of State



						-			H HILLEN
Principal Place of Business Mailing Address									. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
955-A SW 87 AVE 955-A SW 87 AVE									
MIAMI FL 331	74	MIAMI FL 33174				DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualified			
						09/26/1994			
9 Principal Pt	ace of Business	2a. Mailing Address				4. FEI Number		I An	plied For
••• , , , , , , , , , , , , , , , , , ,	000 01 00011000	26				65-0574344			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					П	\$8.75 A	
22		27				5. Certificate of Status Desired	L	Fee Re	quired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		Added to	
Zip	Country Zip			ntry		8. This corporation owes or has	paid the curr	ent year Inte	angible
24	25		30			Personal Property Tax due Ju			No.
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered /	igent	
GC	NZALEZ, MIRIAM M		- 1	81	Name				
	020 S.W. 33RD STREET	82 Street Ad			Street Addre	ess (P.O. Box Number is Not Accep	table)		
	AMI FL 33165					<u> </u>	-		
				83					
			ŀ	84	City			85 Zip C	Code
							<u>FL</u>		
11. Pursuant to	to the provisions of Sections 607.0502	i and 607.1508, Florida Statute of Florida. Such change was a	is, the at uthorized	ove-	named corpo the corporation	oration submits this statement for th on's board of directors. I hereby ac	e purpose of cept the app	cnanging its ointment as	registered
agent. I a	egistered agent, or both, in the State of familiar with, and accept the obligation	tions of, Section 607.0505, Flo	rida Stati	utes.		Parcine et		40	_
SIGNATURE	That all y Signature typed or printed name of registered yer	MIRIAM M	. 60	724	rcez	PRESIDENT	4-1-	18 .	
12.	Signature, typed or printed name of registered poer OFFICERS AND	I and tile if applicable (NOTE	Hegistered	Ageni	t signature require	od when reinstating) ADDITIONS/CHANGES TO OF		DIRECTOR	S IN 12
TITLE	D	DELETE	1,1 717	n F				Change	☐ Addition
NAME	GONZALEZ, MIRIAM M		1.2 NA					_ •	
STREET ADDRESS					ADDRESS				
CITY-\$1-ZIP	MIAMI FL 33165			TY-ST-					
TITLE	MINIMI I E 00 100	DELETE	2.1 (1)					Change	Addition
NAME			2.2 N	WE					1
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP		1		2. 4 CITY-ST-ZIP					
TITLE		DELETE		3.1 TITLE				Change	Addition
NAME			3.2 NA	3.2 NAME					
STREET ADDRESS			3.3 STREET AD		ADDRESS				
CITY-ST-ZIP				3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TF	-				Change	Addition
NAME			4. 2 NAN						
STREET ADDRESS			4.3 \$1	REET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-		-ZIP				
TITLE		DELETE	5.1 70					Change	Addition
NAME			5.2 N/	ME					
STREET ADDRESS			5.3 \$1	REET A	ADDRESS				
CITY-ST-ZIP			5.4 CI	TY-ST	- ZIP				
TITLE		☐ DELETE	6.1 TI					Change	☐ Addition
HAME			6.2 N	AME					
STREET ADDRESS			6.3 ST	TREET A	ADORESS				
CITY-ST-ZIP			6.4 Ci	TY-ST	r- ZIP				
44 11	and the second s	45 45 1 4:15 1:6 - 4 -	45-0-014		ion stated in	Section 110 (17/3)/i) Florida Statute	o I further or	wife that the	information

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 informatio 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:

4-1-98 (305)265-4377