

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

FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000080455**
1. Corporation Name

SAMI'S PROFESSIONAL BILLING INC.

Principal Place of Business 6925 Biscayne Blv. Miami, FL 33138	Mailing Address 6925 Biscayne Blv. Miami, FL 33138
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business 21 1865 79th St CSWY Suite, Apt. #, etc. 22 8B City & State 23 North Bay Village Zip 24 33141 Country 25 USA	2a. Mailing Address 26 1865 79th St CSWY Suite, Apt. #, etc. 27 8B City & State 28 North Bay Village Zip 29 33141 Country 30 USA
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4. FEI Number
65-0537192 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VIRGINIA CASTILLO

81 Name **VIRGINIA CASTILLO**

82 Street Address (P.O. Box Number is Not Acceptable)
1865 79 st CSWY

83 **Apt. 8B**

84 City **North Bay Village** FL 85 Zip Code **33141**

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

Virginia Castillo
Signature of Registered Agent and the Applicant

(NOTE: Registered Agent Signature required when re-stating)

DATE

4-22-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VIRGINIA CASTILLO <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT CASTILLO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	1865 79th ST CSWY
STREET ADDRESS		1.3 STREET ADDRESS	North Bay Village, FL 33141
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:

Virginia Castillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/98

305-865-5491

Date

Daytime Phone

CR2E034 (10/97)