FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000081833 (3)

1. Corporation Name

IMPROVE BILLING FLOW, CORP.

Principal Place of Business

~~2440 CORAL WAY~~
~~MIAMI FL 33145~~

Mailing Address

~~2440 CORAL WAY~~
~~MIAMI FL 33145~~

3. Date Incorporated or Qualified: 11/08/1994	3a. Date of Last Report: 07/11/1995
4. FEI Number: 65-0537483	☐ 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

2. Principal Place of Business	2a. Mailing Address
21 801 MONTERREY ST	26 801 MONTERREY ST
22 Suite, Apt. #, etc. 205B	27 Suite, Apt. #, etc. 205B
23 City & State CORAL GABLES	28 City & State CORAL GABLES
24 Zip 33134 / 25 Country DADE	29 Zip 33134 / 30 Country DADE

9. **Name and Address of Current Registered Agent**

~~PINO, RAUL F~~
~~2440 CORAL WAY~~
~~MIAMI FL 33145~~

10. **Name and Address of New Registered Agent**

81 Name OHILDA PEREZ
82 Street Address (P.O. Box Number is Not Acceptable) 801 MONTERREY ST
83 SUIT 205B
84 City CORAL GABLES FL 85 Zip Code 33134

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]

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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	OHILDA, PEREZ	
STREET ADDRESS	3442 NW 2ND STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPTD	☐ DELETE
NAME	FRANCIS, ARTEAGA S.	
STREET ADDRESS	7550 NW 2ND TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ DELETE
NAME	MIRIAM, BLANCO	
STREET ADDRESS	3301 NW 19TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #