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Feb 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000003885 (7)

1. Corporation Name  
WISE BILLING SERVICES, INC.

Principal Place of Business  
4100 WEST FLAGLER STREET STE. E4  
MIAMI FL 33134

Mailing Address  
4100 WEST FLAGLER STREET STE. E4  
MIAMI FL 33134-1640



3. Date Incorporated or Qualified 01/10/1995	3a. Date of Last Report 03/12/1996
4. FEI Number 65-0547896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 - 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 - 29 Zip 30 Country
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9. Name and Address of Current Registered Agent  
LOPEZ, JESUS  
4100 WEST FLAGLER STREET STE. E4  
MIAMI FL 33134

10. Name and Address of New Registered Agent	
81 Name Lourdes Lopez	85 Zip Code 33134
82 Street Address (P.O. Box Number is Not Acceptable) 4100 west flagler st ste E4	
83	
84 City Miami	FL

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]* DATE: 2/10/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PD NAME LOPEZ, JESUS STREET ADDRESS 4100 WEST FLAGLER STREET STE. E4 CITY - ST - ZIP MIAMI FL 33134	<input checked="" type="checkbox"/> DELETE
TITLE VD NAME LOPEZ, ENRIQUE STREET ADDRESS 4100 WEST FLAGLER STREET STE. E4 CITY - ST - ZIP MIAMI FL 33134	<input type="checkbox"/> DELETE
TITLE STD NAME LOPEZ, DOLORES STREET ADDRESS 4100 WEST FLAGLER STREET STE. E4 CITY - ST - ZIP MIAMI FL 33134	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD 1.2 NAME Lopez Lourdes 1.3 STREET ADDRESS 4100 west flagler street ste E4 1.4 CITY - ST - ZIP miami, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *[Signature]* 1-21-97 (305) 443-6420  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)