FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

	1996	Secreta DIVISION OF U	iry of State CORPORA				
DOCU	MENT # P950	000008806 (8)				
,	BILLING SERVICES, INC.						
Principal Place of Business		Mailing Address				DENIO DUNIE BUNDO IDIDE ABRIE BUND UNIO	
	74TH AVENUE	4727 S.W. 74TH AVENU	JE				
MIAMI FL 3:	3133	MIAMI FL 33155			Date Incorporated or Qualified 01/31/1995	3a. Date of Last Report	
2. Principal Pl	lace of Business	2a. Mailing Address		·— 	4. FEI Number	Applied F	or
[21]	# Ato	26 Suito Act # etc			65-0558082	Not Apple	
Suite Apt.	# , C .C	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition Fee Required	
City & Stati	ie	Cily & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May B	
Ziji: [24]	Country 25	Z(p)	30 Cour	itry	8. This corporation has liability for in Florida Statutes 10. Name and Address of New Rights 10. Name and Address of New Rights 11. Name and Address of New Rights 12. Name and Address of New Rights 13. Name and Address of New Rights 14. Name and Address of New Rights 15. Name and Address of New Rights 16. Name and Address of New Rights 17. Name and Address of New Rights 18. Name and Address of New Rights 19. Name and New Rights	□No	,
ĺ	9. Name and Address of Co	ment negistered Agent		81 Name	11	Shiprenen Waetir	-
LANZA	, ALINA M		-	82 Street Add	ress (P.O. Box Number is Not Acceptable	8) 1	
8900 S.W. 69TH STREET			-	83	9041 SW 122 AVE	kp1 # 201	
MIAMI	FL 33173						
					Trami	FL 85 Zp Code 33186	
11. Pursuant or registe	to the provisions of Sections 607,	0502 and 607.1508, Florida Statute Florida, Such change was authorize	s, the aboved by the c	e-named corpo	ration submits this statement for the pur rd of directors. I hereby accept the appo	cose of changing its registered intraent as registered agent.	office am
	ith, and accept the obligations of	Section 697.0505, Florida Statutes.	,	•		3/5/96	
S GNATURE	Signature by ealth printed many of regional	- 11	E Registered	Agent signature require	d when reinstating)	DAIE 1918	
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
MAMI	D Lanza, alina m	Ditti	1.2 NA		ATINA M Lauren	AL Criange [] Add	1
STREET ADURESS	8900 S.W. 69TH STREET	Ī		REET ADDRESS	9041 SW 122 AVE	#201	
(a) + 51 - 71F	MIAMI FL 33173		1.4 Ct1	Y-SI-ZIP	Many Fl 33	186	
TefaF		DELETE	2 1 111	TLE .		Change Add	lition
NAME			22 NA	1			
STREET ADDRESS:			2 3 51	REET ADDRESS			
Criy-Si-Zif		T DECEM		Y-SI-ZIP		[□ Chance □ Ada	lition
THEF		DELETE	3 1 11	TLF .	<u> </u>	Change Ado	tition
THLE		☐ DELETE	3 1 III 3 2 NA	TLE ME	<u> </u>	Change Add	lition
THUE NAME SIREFI ADDRESS		☐ DELE1E	3 1 TII 3 2 NA 3 3 ST	ile Me Reet address		Change Ado	lition
THLE		☐ DELETE	3 1 TII 3 2 NA 3 3 ST	ILE ME Ree1 address Y-S1-Zip		Change Add	
THEF NAME STREET ADDRESS OBY-ST-ZIP		_	3 1 111 32 NA 33 ST 34 Ct1	TLE ME REET ADDRESS Y-ST-ZIP TLE			
THEF NAME STREET ADDRESS CBY+St-ZIP THEF		_	3 1 HI 32 NA 33 ST 34 CtI 4 1 HI 4.2 NA	TLE ME REET ADDRESS Y-ST-ZIP TLE			
THEF NAME STREET ADDRESS CHY-ST-ZIP THEF AAM:		☐ DELETE	3 1 TH 32 NA 33 ST 34 CH 4 1 TH 4.2 NA 4.3 STI	ILE ME REEL ADDRESS Y-ST-ZIP ILE ME		☐ Change ☐ Ado	lition
THEF NAME STREET ADDRESS CHY-ST-ZIP THE AAM: STREET ADDRESS		_	3 1 TH 32 NA 33 ST 34 CH 4 1 TH 4.2 NA 4.3 STI	ILE ME REEL ADDRESS Y-ST-ZIP LE ME REEL ADDRESS Y-ST-ZIP			lition
THE NAME SPEEL ADDRESS CHY-SE-ZIP THE AAM: SERIEL ADDRESS CHY-SE-ZIP THE NAME		☐ DELETE	3 1 Till 3 2 NA 3 3 ST 3 4 Ctl 4 1 Till 4 2 NA 4 3 STI 4 4 Ctl 5 1 Till 5 2 NA	ILE ME REEL ADDRESS Y-ST-ZIP TLE ME REFT ADDRESS Y-ST-ZIP LLE ME		☐ Change ☐ Ado	lition
THE NAME SPEEL ADDRESS CONSTST ZIP THE NAME SPEEL ADDRESS CONSTS ZIP THE NAME SPEEL ADDRESS SPEEL ADDRESS		☐ DELETE	3 1 TH 3 2 NA 3 3 ST 3 4 CH 4 1 TH 4 2 NA 4 3 SH 4 4 CH 5 1 TH 5 2 NA 5 3 STI	ME REEL ADDRESS Y-ST-ZIP TUE ME REEL ADDRESS Y-ST-ZIP TUE ME REEL ADDRESS ME REEL ADDRESS		☐ Change ☐ Ado	lition
THE NAME SPEEL ADDRESS CHY-SE-ZIP THE AAM: SEREL ADDRESS CHY-SE-ZIP THE NAME SPEEL ADDRESS CTY-SE-ZIP THE NAME SPEEL ADDRESS CTY-SE-ZIP		☐ DELETE	3 1 111 32 NA 33 ST 34 CH 4 1 TH 42 NA 43 SH 44 CH 5 1 TH 52 NA 53 STI 54 CH	TILE ME REEL ADDRESS Y-ST-ZIP TLE ME REEL ADDRESS Y-ST-ZIP TLE ME REEL ADDRESS Y-ST-ZIP		Change Add	dition
THE NAME SPEEL ADDRESS CONSESS ZOP THE AAMS SPEEL ADDRESS CONSESS ZOP THE NAME SPEEL ADDRESS CONSESS ZOP THE NAME SPEEL ADDRESS CONSESS ZOP THE		☐ DELETE	3 1 Till 32 NA 33 ST 34 Cr1 4 1 Till 42 NA 43 STI 44 Cr1 52 NA 53 STI 54 Cr1 8 1 Till 6 T Till 7 Till 7 T Till	ILE ME REEL ADDRESS Y-ST-ZIP TUE REEL ADDRESS Y-ST-ZIP TUE ME REEL ADDRESS Y-ST-ZIP TUE ME REEL ADDRESS Y-ST-ZIP		☐ Change ☐ Ado	dition
THE NAME SPEEL ADDRESS CBY-SE-ZIP THE AAM: SPEEL ADDRESS CHY-SE-ZIP THE NAME SPEEL ADDRESS CTY-SE-ZIP CTY-SE-ZIP		☐ DELETE	3 1 Till 32 NA 33 ST 34 Cr1 4 1 Till 42 NA 43 STI 44 Cr1 52 NA 53 STI 54 Cr1 6 1 Till 62 NA	ILE ME REEL ADDRESS Y-ST-ZIP TUE REEL ADDRESS Y-ST-ZIP TUE ME REEL ADDRESS Y-ST-ZIP TUE ME REEL ADDRESS Y-ST-ZIP		Change Add	dition

14. I do here'ny certify that the information supplied with this fring 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 arinual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cartif, 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 13 if changed, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/96

305 2670683