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Feb 27 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 # P95000008806 (8)

1. Corporation Name
AML BILLING SERVICES, INC.

Principal Place of Business
4727 S.W. 74TH AVENUE
MIAMI FL 33155

Mailing Address
4727 S.W. 74TH AVENUE
MIAMI FL 33155-4416



3. Date Incorporated or Qualified 01/31/1995
3a. Date of Last Report 03/15/1996

4. FEI Number 65-0558082
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
21 11081 SW 60 Street
Suite, Apt. #, etc.

2a. Mailing Address
26 11081 SW 60 St
Suite, Apt. #, etc.

22 City & State
23 Miami FL

27 City & State
28 Miami FL

24 Zip 33173
25 Country USA

29 Zip 33173
30 Country USA

9. Name and Address of Current Registered Agent
LANZA, ALINA M
9041 SW 122 AVE., APT #201
MIAMI FL 33186

10. Name and Address of New Registered Agent
81 Name Lanza, Alina M
82 Street Address (P.O. Box Number is Not Acceptable) 10666 S.W. 76 Terrace
83
84 City Miami FL 85 Zip Code 33173

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, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME D LANZA, ALINA M
STREET ADDRESS 9041 SW 122 AVE., #201
CITY-ST-ZIP MIAMI FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
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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 P.D.
1.2 NAME Alina M Lanza
1.3 STREET ADDRESS 10666 SW 76 Terrace
1.4 CITY-ST-ZIP MIAMI FL 33173
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

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: Alina M Lanza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/23/97
Daytime Phone # (305) 546-0041

CR2E034 (9/96)