SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000030212 (1)

1. Corporation Name

A PRECISE BILLING AND COLLECTION SERVICE INC.

Principal Place of Business
3155 S.W. 92ND AVE.
MIAMI FL 33165

Mailing Address
3155 S.W. 92ND AVE.
MIAMI FL 33165

3. Date Incorporated or Qualified: 04/12/1995
3a. Date of Last Report

2. Principal Place of Business
21 1813 S.W. 107 Avenue
Suite, Apt #, etc
22 2402
City & State
23 Miami, florida
Zip 24 33165 Country 25 U.S.A.

2a. Mailing Address
26 1813 SW 107 Avenue
Suite, Apt #, etc.
27 2402
City & State
28 Miami, florida
Zip 29 33165 Country 30 U.S.A.

4. FEI Number: 65-058 3040 ☐ 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

9. Name and Address of Current Registered Agent
PAVON, LETICIA
3155 S.W. 92ND AVE.
MIAMI FL 33165

10. Name and Address of New Registered Agent
81 Name: Lissette McColpin
82 Street Address (P.O. Box Number is Not Acceptable): 1813 S.W. 107 Avenue
83 Unit 2402
84 City: Miami FL 85 Zip Code: 33165

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] Lissette McColpin 8/2/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	MCCOLPIN, LISSETTE		1.2 NAME	Lissette McColpin	
STREET ADDRESS	3155 S.W. 92ND AVE.		1.3 STREET ADDRESS	1813 S.W. 107 Avenue, Unit 2402	
CITY-ST-ZIP	MIAMI FL 33165		1.4 CITY-ST-ZIP	Miami, florida 33165	
TITLE	V	☒ DELETE	2.1 TITLE	Vice-President	☒ Change ☐ Addition
NAME	PAVON, LETICIA		2.2 NAME	Tayni Medina	
STREET ADDRESS	3155 S.W. 92ND AVE.		2.3 STREET ADDRESS	1321 S.W. 72 Court	
CITY-ST-ZIP	MIAMI FL 33165		2.4 CITY-ST-ZIP	Miami, florida 33144	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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

SIGNATURE: [signature] Lissette McColpin 8/2/96 (954) 981-9182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)