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 #

Corporation Name

P95000032619 (5)

C G BILLING, INC.

Principal Place of Business	Mailing Address			
943 9.W. 78TH PLACE	SHE SHE TOTAL			
				3. Date Incorporated or Qualified 04/26/1995 3a. Date of Last Report
2 Principal Place of Business	a. Mailing Address		. /. /	4, FEI Number Applied For
2. Principal Place of Business 21 659.5 NW 36 ST \$320 B 2	6 6595 NW	365	7 #330E	3 65-05798VV Not Applicable
Suite. Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State 23 M/AM1 . FC. 2	City & State 8	R.		6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees
Zip 33166 Country 25 USA 2	2ip 33/66 30	Countr	USA	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes X Yes \(\sum \) No
9. Name and Address of Current Re				10. Name and Address of New Registered Agent
g, traine and Addition		8	1 Name	
GONZALEZ, GILDA		8:	2 Street Addr	ress (P.O. Box Number is Not Acceptable)
18057 S.W. 12TH COURT PEMBROKE PINES FL 33029		8	3	
LINDITORE FIRED TE GOODS		8	4 City	85 Zip Code
		t	1 1	FL FL FL FL FL FL FL FL
 Pursuant to the provisions of Sections 607.0502 and or registered agent, or both, in the State of Florida. S familiar with, and accept the obligations of, Section 6 		the above by the co	named corpor rporation's boar	ration submits this statement for the purpose of changing its registered office ard of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE Signature, typed or printed name of registered agent and to	te if applicable (NOTE: F	Registered Ag	gent signature require	ed when reinstating) DATE
12. OFFICERS AND DI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DELETE	1. 1 DTt	F 7	D P ☐ Change ☑ Add-tion
NAM:		1.2 NAM	E .	GILDA GONZALEZ
STHEET ADDRESS		1.3 STR	EET ADDRESS / /6	gorn SW 12 COURT
C11Y - S1 - ZIP			-ST-ZIP	PHYSROXL PINES, FC. 33079 Change Addition
TITLE	☐ DEFELE	2 1 111	E J	CORALIA PEREZ
NAME		2.2 NAM	*E	CORALIA MEGO
STREET ADDRESS		2 3 STR	EFT ADDRESS	7750 SW 19 STREKT MIAMI, FC. 3315T
CITY-ST-ZIP				Change Addition
THLE	☐ DELETE	3 1 TIT		
NAME		3 2 NAM	1	
STREET ADDRESS		1	REE1 ADDRESS	
CITY-ST-ZIP	T DELETE	3 4 CiT	Y-ST-ZIP	Change Addition
THILE	☐ DELÉTÉ	4.2 NAI		
NAME		1	REET ADDRESS	
STREET ADDRESS		1		
CITY-ST-ZIP	DELETE	5 1 Ti)	Y-ST-ZIP	Change Addition
THE		5.2 NAI		
NAM:			REET ADDRESS	
STREET ADDRESS		1	Y-ST-ZIP	
CITY - ST - 7IP	DELFTE	6 1 TI		Change Addition
1111.5	D bear	6.2 NA		
NAME		1	REET ADDRESS	
STREET ADDRESS			IY-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 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 certify 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. GILDA GONZAREZ PRELIDENT

SIGNATURE: ~