

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 11 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 # P95000061503 (5)

1. Corporation Name
SOUTH FLORIDA BILLING ASSOCIATES, INC.



Principal Place of Business
11117 W OKEECHOBEE RD
HIALEAH FL 33016

Mailing Address
11117 W OKEECHOBEE RD
HIALEAH FL 33018-4212

3. Date Incorporated or Qualified
08/09/1995

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

21 7547 W 24TH AVENUE
Suite, Apt. #, etc.

2a. Mailing Address

26 7547 W 24TH AVENUE
Suite, Apt. #, etc.

4. FEI Number
65-0599951

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 HIALEAH, FL

Zip Country
24 33016 25 U.S.A.

City & State

28 HIALEAH, FL

Zip Country
29 33016 30 U.S.A.

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

PADRON, ERNESTO
11117 W OKEECHOBEE RD
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name
ERNESTO PADRON
82 Street Address (P.O. Box Number is Not Acceptable)
12795 NW 103 AVENUE

83
84 City
HIALEAH GARDENS, FL 85 Zip Code
33016

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, and I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

2-6-97

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|-----------------|-----------------------|------------------|-------------------------------------|
| PD | PADRON, ERNESTO | 11117 W OKEECHOBEE RD | HIALEAH FL 33016 | <input type="checkbox"/> |
| STD | GORRIN, EDDY | 11117 W OKEECHOBEE RD | HIALEAH FL 33016 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|----------|--------------------|-----------------|-------------------------------------|--------------------------|
| ST | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (9/96)