

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

FILED
Sep 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PA5000061581			
1. Corporation Name Quick Billing, Inc			
Principal Place of Business 1398 W 79 St Hialeah, Fla 33014		Mailing Address	
2. Principal Place of Business 21 same Suite, Apt. #, etc. 22 1398 W 79 St City & State 23 Hialeah Zip 24 33014		2a. Mailing Address 26 same Suite, Apt. #, etc. 27 1398 W 79 St City & State 28 Hialeah Zip 29 33014 Country 30 DAD e	
9. Name and Address of Current Registered Agent TANIA E. DURAN 1398 W 79 St Hialeah Fl. 33014		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP President TANIA DURAN 1398 W 79 St Hialeah Fl 33014		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP Secretary ANSEL DURAN 1398 W 79 St Hialeah Fl 33014		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP ☐ Change ☐ Addition	
14. I 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: Lucia B. Duran		8/10/98 305-653-6100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/97)