

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

pg. 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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97 AUG 13 PH 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000065650 (0)
 1. Corporation Name
ALTERNATIVE BILLING SERVICES, INC.



Principal Place of Business 4733 SOUTHWEST 1 STREET MIAMI FL 33134	Mailing Address 4733 SOUTHWEST 1 STREET MIAMI FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

3. Date Incorporated or Qualified 08/24/1995	3a. Date of Last Report 04/22/1996
4. FEI Number 65-0608546	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~ILIANA GONZALEZ~~ **ILIANA GONZALEZ**
**4733 S.W. 1 STREET
MIAMI FL 33134**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GONZALEZ, ILIANA 4733 SOUTHWEST 1 STREET MIAMI FL 33134	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	300002269003--3
1.4 CITY - ST - ZIP	-08/15/97--01119--002
2.1 TITLE	***165.00
2.2 NAME	08/13/97
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, changed, or on an attachment with an address.

CR2E034 (4/97)



*Alternative
Billing
Services...*

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JULY 22, 1997

FLORIDA DEPARTMENT OF STATE
P.O. BOX 6327
TALL. FL. 32314

RBP: DOCUMBT #P95000065650 (0)

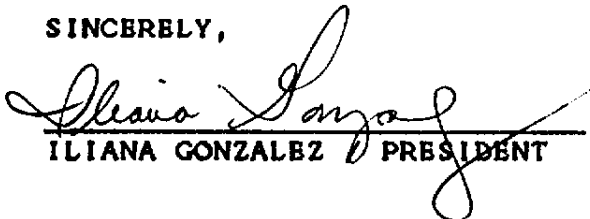
TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT THE PROFIT CORPORATION ANNUAL REPORT
1997 FEE OF \$165.00. WAS INITIAL PAID ON APRIL 11, 1997 CHECK #1246.
AS OF TODAY THIS CHECK STILL HAS NOT CLEARED THE BANK.

ENCLOSED IS A REPLACEMENT CHECK FOR THIS FEE.
CHECK #1304 \$165.00.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER PLEASE SO
NOT HESITATE TO CALL ME AT (305)443-5024.

SINCERELY,


LILIANA GONZALEZ PRESIDENT

Our Services Will Enhance Your Practice

4733 S.W. 1st Street • Miami, Florida 33134 • Tel. (305) 443-5024 • Fax. (305)443-2825