

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # P95000074282 (1)

1. Corporation Name

A & R BILLING & RECOVERY AGENTS INC

Principal Place of Business

SUITE 215
5600 SW 135TH AVENUE
MIAMI, FL 33183

Mailing Address

SAME

3. Date Incorporated or Qualified
09-26-1995

3a. Date of Last Report
APRIL 1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0609880

Applied For

Not Applicable

State, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

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

10. Name and Address of New Registered Agent

ALCANTARA, ADA

5600 SW 135th AVENUE SUITE 215

MIAMI FL 33183

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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:

Sign, print, type or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ALCANTARA, ADA
STREET ADDRESS 5600 SW 135TH AVE #215
CITY, ST, ZIP MIAMI FL 33183

DELETE

TITLE DS
NAME MARTINEZ, ANTONIO
STREET ADDRESS 355E 62ND STREET
CITY, ST, ZIP HIALEAH, FL 33010

DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DELETE

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 only appears on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ADA ALCANTARA-PRESIDENT

Date

5-14-97

388-6686

Daytime Phone #

CR2E034 (9/96)