SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000074647 (5)**

1. Corporation Name

CORAL WAY FINANCIAL BILLING, INC.

Principal Place of Business
6780 CORAL WAY
MIAMI FL 33155

Mailing Address
6780 CORAL WAY
MIAMI FL 33155

3. Date Incorporated or Qualified: **09/27/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 6780 Coral Way
Suite, Apt #, etc.
22 101
City & State
23 Miami FL.
Zip 24 33155
Country 25 Dade

2a. Mailing Address
26 6780 Coral Way
Suite, Apt #, etc.
27 Same
City & State
28 "
Zip 29 "
Country 30 "

4. FEI Number: 65-0609703 — Applied For / Not Applicable
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**
DE LA FUENTE, JACK
6780 CORAL WAY
MIAMI FL 33155

10. **Name and Address of New Registered Agent**
81 Name: Armando Gonzalez
82 Street Address (P.O. Box Number is Not Acceptable): 6780 Coral Way
83
84 City: Miami FL 85 Zip Code: 33155

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: X Armando Gonzalez (Signature of typed or printed name of registered agent, if title applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DE LA FUENTE, JACK
STREET ADDRESS	6780 CORAL WAY
CITY-ST-ZIP	MIAMI FL 33155

☒ 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	Armaldo Gonzalez
1.3 STREET ADDRESS	6780 Coral Way
1.4 CITY-ST-ZIP	Miami, FL. 33155

☒ 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

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***225.00

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 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: Armando Gonzalez — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 7/16/96 — Daytime Phone 668-3133

CR2E034 (3/96)

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