

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

FILED

Feb 21 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 # P95000074647 (5)

1. Corporation Name
CORAL WAY FINANCIAL BILLING, INC.



Principal Place of Business

6780 CORAL WAY
#101
MIAMI FL 33155

Mailing Address

6780 CORAL WAY
#101
MIAMI FL 33155-1759

3. Date Incorporated or Qualified
09/27/1995

3a. Date of Last Report
08/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
65-0609703

Applied For
Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

GONZALEZ, ARMALDO
6780 CORAL WAY
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name: Godzalez Armaldo
82 Street Address (P.O. Box Number is Not Acceptable): SAME
83 City: SAME
84 City: SAME 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: D GONZALEZ, ARMALDO
NAME: GONZALEZ, ARMALDO
STREET ADDRESS: 6780 CORAL WAY
CITY-ST-ZIP: MIAMI FL 33155

TITLE: [] DELETE
NAME: [] DELETE
STREET ADDRESS: [] DELETE
CITY-ST-ZIP: [] DELETE

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STREET ADDRESS: [] DELETE
CITY-ST-ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: [] Change [] Addition
12 NAME: GONZALEZ, ARMANDO
13 STREET ADDRESS: [] Change [] Addition
14 CITY-ST-ZIP: [] Change [] Addition

21 TITLE: [] Change [] Addition
22 NAME: [] Change [] Addition
23 STREET ADDRESS: [] Change [] Addition
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54 CITY-ST-ZIP: [] Change [] Addition

61 TITLE: [] Change [] Addition
62 NAME: [] Change [] Addition
63 STREET ADDRESS: [] Change [] Addition
64 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 changed, or on an attachment with an address.

SIGNATURE:

Armando Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/97 668-3133
Date Day/1/19/97 Phone #

CR2E034 (9/96)