## 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.)

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 SEP 26 PH 3: 02 P96000012272 (6) DOCUMENT # SECRETARY OF STATE MARCH BILLING, INC. <u>tak naja naja jakan anda aput aput aput aput anda dalah dal</u> Principal Place of Business Mailing Address 3675 WEST 16 AVENUE 3675 WEST 16 AVENUE HIALEAH FL 33012 HIALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 02/08/1996 Principal Place of Business 2a. Mailing Address Applied For 65-0648404 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Added to Fees Trust Fund Contribution Zip Country Zφ Country a. This corporation owes or has paid the current year Intangible 24 ☐ Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MARCH, ALEJANDRINA N 2831 SW 1117 AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33175** 83 84 City Zip Code 85 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 family a with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (4/97 DELETE Change Addition TITLE 1.1 TITLE MARCH, ALEJANDRINA N NAME 12 NAME CR2E034 2831 SW 117 AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33175 CITY-ST-ZIP 1.4 DITY-ST-ZIP DELETE 400002308964 TITLE 2.1 TITLE: NAME 2.2 NAME 10/01/97--:01080--014 STREET ADDRESS 2.3 STREET ADDRESS \*\*\*\*SS0.00 \*\*\*\*550.00 DITY-ST-ZIP 2.4 CITY-ST-ZIP DELÉTE ☐ Change ☐ Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS **33 STREET ADDRESS** CITY ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELFTE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 of supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation of 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 12 if changed, or on an attachment with an address.

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