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FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000033267 (1)

1. Corporation Name

METBILLING GROUP, INC.



Principal Place of Business

Mailing Address

5100 TOWN CENTER CIRCLE
SUITE 560
BOCA RATON FL 33486

5100 TOWN CENTER CIRCLE
SUITE 560
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1996

4. FEI Number

65-0683642

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

Suite 420

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite 420

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUILLAMA, NOEL
5100 TOWN CENTER CIRCLE
SUITE 560
BOCA RATON FL 33486

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 607.0503 and 607.0504, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 of Registered Agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CRUCET, LUIS
STREET ADDRESS 5100 TOWN CENTER CIRCLE
CITY-ST-ZIP BOCA RATON FL 33486

☒ DELETE

TITLE D
NAME GUILLAMA, NOEL J
STREET ADDRESS 5100 TOWN CENTER CIRCLE
CITY-ST-ZIP BOCA RATON FL 33486

☐ DELETE

TITLE VPDS
NAME COHEN, DONALD
STREET ADDRESS 5100 TOWN CENTER CIRCLE
CITY-ST-ZIP BOCA RATON FL 33486

☐ 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

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE PD
22 NAME
23 STREET ADDRESS Suite 560
24 CITY-ST-ZIP

☒ Change ☐ Addition

31 TITLE VDS
32 NAME
33 STREET ADDRESS Suite 560
34 CITY-ST-ZIP

☒ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 its 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 this report.

SIGNATURE

Guillama, Noel J. Guillama, Noel J. Guillama, Noel J.

CR2E034 (10/97)