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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000013124

1. Corporation Name
D.A.N. Billing Corp.

Principal Place of Business	Mailing Address
2580 W. 67 PL #201 Hialeah FL 33016	PO Box 126835 Hialeah FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: February 10, 1997

4. FEI Number: 65-0740654 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 PO Box 126835
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Hialeah FL
Zip / Country 24 / 25	Zip / Country 29 33012 / 30

9. Name and Address of Current Registered Agent

Saul D. Zayas
2580 W 67 PL Suite 201
Hialeah, FL. 33016

10. Name and Address of New Registered Agent

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 607.0501 and 607.1008 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. The 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 _____ DATE _____

12. OFFICER/DIRECTOR		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President ☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	Saul D. Zayas	12 NAME
STREET ADDRESS	2580W 67 Place suite201	13 STREET ADDRESS
CITY-ST-ZIP	Hialeah FL 33016	14 CITY-ST-ZIP
TITLE	Vice-President ☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	Maribel Zayas	22 NAME
STREET ADDRESS	2580 W 67 Pl suite 201	23 STREET ADDRESS
CITY-ST-ZIP	Hialeah FL 33016	24 CITY-ST-ZIP
TITLE	Secretary ☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME	Maribel Zayas	32 NAME
STREET ADDRESS	2580 W 67 Pl #201	33 STREET ADDRESS
CITY-ST-ZIP	Hialeah FL 33016	34 CITY-ST-ZIP
TITLE	☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE	☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE	☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

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****150.00 ****150.00

14. I hereby certify that the information contained on this form does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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 with an address for the corporation or its successor in interest.

SIGNATURE: _____ 4/29/98
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR DATE