

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

FILED

Jun 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000024602 (9)**

1. Corporation Name
I & R BILLING SERVICES, INC.



Principal Place of Business
**11117 W. OKEECHOBIE ROAD #125
HIALEAH GARDENS FL 33016**

Mailing Address
**11117 W. OKEECHOBIE ROAD #125
HIALEAH GARDENS FL 33016**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11370 NW 36 St Suite 220-P Miami, FL 33166		2a. Mailing Address 11370 NW - 36 St. Suite 220-P Miami, FL. 33176	3. Date Incorporated or Qualified 03/19/1997	4. FEL Number 65-073-4652	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	26. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
27. City & State		28. Zip	29. Country	29. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CAFARO, MICHAEL
100 N.E. 15 ST. STE. #103-C
HIALEAH GARDENS FL 33016
Homestead, FL 33030**

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 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTEZA, ISABELITA	1.2 NAME	FORTEZA, ISABELITA
STREET ADDRESS	11117 W. OKEECHOBIE ROAD #125	1.3 STREET ADDRESS	11370 NW - 36 St. Suite 220-P
CITY - ST - ZIP	HIALEAH GARDENS FL 33016	1.4 CITY - ST - ZIP	Miami, FL 33166
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAN INOCENCIO, MARISOL	2.2 NAME	SAN INOCENCIO, MARISOL
STREET ADDRESS	11117 W. OKEECHOBIE ROAD #125	2.3 STREET ADDRESS	11370 NW - 36 St. Suite 220-P
CITY - ST - ZIP	HIALEAH GARDENS FL 33016	2.4 CITY - ST - ZIP	Miami, FL 33166
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 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:

Isabelita Forteza

April 28/98 3057597-0220

CR2E034 (10/97)