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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000025831 1. Corporation Name

MASTER BILL CORP.

Principal Place of Business

11750 SW 18 STREET #513 MIAMI FL 33175

Mailing Address

11750 SW 18 STREET #513

MIAMI FL 33175

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90172 021 \*\*\*150.00



|   |  |  |               | DO NOT WRITE IN THIS SPACE                            |   |  |
|---|--|--|---------------|---|---|--|
|   |  |  |               |   | 3. Date Incorporated or Qualifed  |  |
|   |  |  |               |   | 03/17/1997  |  |
| 2. Principal Pl                         | 2. Principal Place of Business 2a. Mailing Address |  |               |   | 4. FEI Number 65-0910660 Applied For  |  |
| 27 12342 NW 11th Ln. 26 12342 NW 11th   |  |  | 1/44          | Ln  | NOT APPLICABLE Not Applicable   |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. |  |  |               |   | \$8.75 Additional   |  |
| 27                                      |  |  |               |   | 5. Certificate of Status Desired Fee Required                                 |  |
| City & State City & State               |  |  |               |   | 6. Election Campaign Financing S5.00 May Be                                   |  |
| 23 Maui, FL 28 Miami, +1                |  |  |               |   | Trust Fund Contribution Added to Fees   |  |
| Zip Country Zip Cou                     |  |  |               | у   | This corporation owes the current year Intangible                             |  |
| 24 3318                                 |  | 29 35182 30                            | ر ا           | SA  | Personal Property Tax.  |  |
| 24 <u>JJ(</u>                           | g. Name and Address of Curre                       |  |               | <del></del>   | 10. Name and Address of New Registered Agent                                  |  |
|   | <u>v</u>   |  | 81            | Name  |   |  |
| ALVAREZ, MARIANA                        |  |  |               | 0.00  | Address /D.O. Day Number in Not Apportable)                                   |  |
| 11750 SW 18 STREET #513                 |  |  |               | 82 Street Address (P.O. Box Number is Not Acceptable) |   |  |
| MIAMI FL 33175                          |  |  |               | -   |   |  |
|   | _  |  |               |   |   |  |
| i<br>                                   |  |  | 84            | City  | FL 85 Zip Code  |  |
| 11 Pursuant                             | to the provisions of Sections #07.05               | 02 and 607.1508, Florida Statutes.     | , the abov    | e-named   | corporation submits this statement for the purpose of changing its registered |  |
| office or re                            | egistered Agent, o pott/in/19 State                | of Florida. Such change was auth       | norized by    | the corpo   | oration's board of directors. I hereby accept the appointment as registered   |  |
|   | myramiler form, and an extension oblig             | auons oi, secuon 607.0505, FIORO       | a Sidivie     | o.  | whalaa  |  |
| SIGNATURE                               | ingnature typed deprinted them changistered ag     | ent and title if applicable. (NOTE: Ro | egistered Age | ent signature re                                      | required when reinstating) DATE   |  |
| 12.                                     |  | ND DIRECTORS                           | 13.           |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                             |  |
| TITLE                                   | P = STICEROY.                                      | DELETE                                 | 1.1 TITLE     |   | President Change Addition   |  |
| NAME                                    | ALUAREZ, MARIANA 121                               |  | 1.2 NAME      |   | AIVANEZ. Janeth   |  |
| STREET ADDRESS                          | 11750 S.W. 18TH STREET, AF                         | PT 513                                 |               | ET ADDRESS  | 1   |  |
|   |  |  | 1.4 CITY-5    |   | Miami, 71 33182   |  |
| CITY-ST-ZIP                             | VP   | ☐ DELETE                               | 2.1 TITLE     | 21-41F  | Change Addition   |  |
| TITLE                                   | · · · · · · · · · · · · · · · · · · ·              |  |               | ļ   |   |  |
| NAME                                    | 7 (20,0,0,0)                                       |  | 2.2 NAME      |   |   |  |
| STREET ADDRESS                          | 1101 01111 11111                                   |  | 1             | ET ADDRESS  |   |  |
| CITY-ST-ZIP                             |  |  | 2. 4 CITY-    | ST-ZIP  | Change Addition   |  |
| TITLE                                   |  |  | 3.1 TITLE     |   | □ Criange □ Accinon   |  |
| NAME                                    |  |  | 3.2 NAME      | ľ   |   |  |
| STREET ADDRESS                          |  |  | 3.3 STREE     | TADDRE\$\$  |   |  |
| CITY-ST-ZIP                             |  |  | 3.4. CITY-    | ST-ZIP  |   |  |
| TITLE                                   | ☐ DELETE 4.1 T                                     |  |               | į   | ☐ Change ☐ Addition   |  |
| NAME                                    |  |  | 4. 2 NAME     | :   |   |  |
| STREET ADDRESS                          |  |  | 4.3 STREE     | ET ADDRESS  | ,   |  |
| CITY-ST-ZIP                             |  |  | 4.4 CITY-1    | ST-ZIP  |   |  |
| TITLE                                   |  | ☐ DELETE                               | 5.1 TITLE     |   | Change Addition   |  |
| NAME                                    |  |  | 52 NAME       |   |   |  |
| STREET ADDRESS                          |  |  | 5.3 STREE     | T ADDRESS   |   |  |
| CITY-ST-ZIP                             |  |  | 5.4 CITY-     | ST-ZIP  |   |  |
| TITLE                                   | <del>                                     </del>   | ☐ DELETE                               | 6.1 TITLE     |   | ☐ Change ☐ Addition   |  |
| NAME                                    |  | <b>—</b>                               | 6.2 NAME      |   |   |  |
| ļ                                       |  |  | 6.3 STREE     | ET ADORESS  |   |  |
| STREET ADDRESS                          |  |  | 6.4 CITY-     |   |   |  |
| CITY-ST-ZIP                             | 1  |  | 6.4 CITY-3    | 31-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, with all other like empowered.