

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

FILED  
May 21 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 # P97000037927 (5)

1. Corporation Name

HEALTH CLAIMS SOLUTIONS, INC.

Principal Place of Business

2500 N.W. 79TH AVENUE  
MIAMI FL 33122

Mailing Address

2500 N.W. 79TH AVENUE  
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

65-0830882

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

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

LOPEZ, JORGE A  
2500 N.W. 79TH AVENUE  
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name  
PERRY I. CONE  
82 Street Address (P.O. Box Number is Not Acceptable)  
2500 NW. 79th Ave.  
83  
84 City  
Miami  
85 Zip Code  
FL 33122

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

PERRY I. CONE

4/13/98

Signature of Registered Agent and Not Applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	ALVAREZ, JOSE M	2500 N.W. 79TH AVENUE	MIAMI FL 33122	<input type="checkbox"/>
D	CASTELLANOS, RAIMUNDO J	2500 N.W. 79TH AVENUE	MIAMI FL 33122	<input checked="" type="checkbox"/>
D	FERNANDEZ, SERGIO R	2500 N.W. 79TH AVENUE	MIAMI FL 33122	<input type="checkbox"/>
D	HOMS, RAFAEL C	2500 N.W. 79TH AVENUE	MIAMI FL 33122	<input checked="" type="checkbox"/>
D	MORENO, ANTONIO M	2500 N.W. 79TH AVENUE	MIAMI FL 33122	<input checked="" type="checkbox"/>
D	TIRADO-HERRERO, ROBERTO A	2500 N.W. 79TH AVENUE	MIAMI FL 33122	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DP	Jose M. Alvarez	2500 N.W. 79th Avenue	Miami, FL 33122	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
DVP	Sergio R. Fernandez	2500 N.W. 79th Avenue	Miami, FL 33122	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

JOSE M. ALVAREZ (Director)

4/13/98

(305) 715-0000  
Ext. 3379

CR2E034 (10/97)