## 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 # P97000052091

1. Corporation Name

MEXIS BILLING, CORP.

Principal Plac	ce of Business	Mailing Address			1 (30)140) 148 (81)1 (40)1 8411	i ansii maili ansii Al	ica stati nasta	1610) 1101 (681
9600 SW 8TH	•	9600 SW 8TH STREET SUITE 1A			DO NOT 14	IDITE IN THE C		
MIAMI_FL_33131 MIAMI_FL_33131						DO NOT WRITE IN THIS SPACE		
					<ol> <li>Date Incorporated or Qualiform</li> <li>06/12/1997</li> </ol>	ea		_
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			65-0762116		No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75	Additional
22		27			5. Octube of States Desired		Fee Re	equired
City & Stat	te.	City & State			6. Election Campaign Financir	ng 🗆	\$5.00	May Be
23	and the second second	28			Trust Fund Contribution	Ш	Added t	o Fees
Zip	Country	Zip	Count	try	8. This corporation owes the c	urrent year Intar	ngible	
24	25	29	30		Personal Property Tax.		☐Yes	□No
<u>, i</u>	9. Name and Address of Current	Registered Agent			10. Name and Address of Nev	w Registered A	gent	
040	MAR ALEVE			31 Name				
	RCIA, ALEXEI		5	32 Street A	ddress (P.O. Box Number is Not Acce	ntable)		
	SW 8 STREET		1	000171	adioso (Fig. Box Hambel to Heli Hees	plabley		3.1. 1
	TE 1A -		[8	33		·	1.17	
MIA	MI FL 33174		-			<u> </u>		<u> </u>
	s in the second of the secon		*	34 City		FI	85 Zip (	Code
11 Pursuant	to the provisions of Sections 6070502	and 607,1508, Florida Statute	es, the abo	ove-named c	orporation submits this statement for t	he purpose of ch	nanging its	registered
office or r	to the provisions of Sections 607.0502 registered agent, or both in the State of	of Florida. Such change was a ons of, Section 607.0505, Flor	uthorized b	by the corpor	ation's board of directors. I hereby acc	cept the appoint	ment as reg	gistered
	am tamiliar with and accept the obligation	UNS UI, OBGUUN DUY,UOUO, FIUI	iua Siaiuii	63	V and a second	/	/_	Λ
		•		Por	CIOZIIT	1/1/	~ / 5 1	$\nu$
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SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A	PRE.	guired when reinstating)	DEFICERS AND	DIRECTO	RS IN 12
	D/96	and title if applicable. (NOTE:		PRE.			DIRECTO ☐ Change	RS IN 12
SIGNATURE  12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered A	PRE.	uired when reinstating) ADDITIONS/CHANGES TO (			
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12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P GARCIA, ALEXEI 9600 SW 8 STREET, SUITE 1A	and title if applicable. (NOTE:	Registered Ad 13. 1.1 TITLE 1.2 NAM 1.3 STRE	PRE.	uired when reinstating) ADDITIONS/CHANGES TO (			
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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 adactories with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CfTY-ST-ZIP

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 01-21-1999 90061 006 \*\*\*150.00