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Feb 25 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 # P97000057965 (0)

1. Corporation Name

FINANCIAL REIMBURSEMENT EXECUTIVES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 12725 IXORA ROAD NORTH MIAMI FL 33181		Mailing Address 12725 IXORA ROAD NORTH MIAMI FL 33181	
2. Principal Place of Business 21 2120 NE 207 Street Suite, Apt. #, etc. 22 City & State 23 North Miami FL Zip 24 33179 Country 25 USA		2a. Mailing Address 26 2120 NE 207 Street Suite, Apt. #, etc. 27 City & State 28 North Miami FL Zip 29 33179 Country 30 USA	
9. Name and Address of Current Registered Agent RODRIGUEZ, VICKY P 12725 IXORA ROAD NORTH MIAMI FL 33181		10. Name and Address of New Registered Agent 81 Name Rodriguez, Vicky P. 82 Street Address (P.O. Box Number is Not Acceptable) 2120 NE 207 St 83 84 City North Miami FL 85 Zip Code 33179	
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 <u>Vicky P. Rodriguez, President</u> <u>Vicky P. Rodriguez</u> <u>2/18/98</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RODRIGUEZ, VICKY P 12725 IXORA ROAD NORTH MIAMI FL 33181 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Rodriguez, Vicky P., (PD) 2120 NE 207 Street North Miami, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PIRE, BARBARA 12725 IXORA ROAD NORTH MIAMI FL 33181 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Pire-Quintero, Barbara, (PD) 2120 NE 207 Street North Miami, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BETANCOURT, MARITZA 12725 IXORA ROAD NORTH MIAMI FL 33181 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barbara Pire-Quintero Barbara Pire-Quintero 2/18/98 (205) 441-1000

CR2E034 (10/97)