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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000075637 (3)

ELITE PROFESSIONAL BILLING SERVICES, INC.

## **FILED** Apr 07 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address		a admiritat eine annie titate dhiet annie Aftet Shirt babet Allit Beieff ettie Mi	.01 1901		
5391 WEST 10TH AVE 5391 WEST 10TH AVE							
HIALEAH FL 33012 HIALEAH FL 33012				DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
1				3. Date Incorporated or Qualified			
				09/02/1997			
	ace of Business	2a, Mailing Address		4. FEI Number Applier	d For		
21 423		26 4230 5	SU 157	C+ 65-0784/64 Not Ap	plicable		
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired \$8.75 Addit			
22 -1017		27		Fee Require	ed		
City & State	, m,	City & State	C 1	6. Election Campaign Financing \$5.00 May			
23 <u> </u>	am, F1.	28 Miami	Country	Trust Fund Contribution Added to Fe			
24 33 1	85 25 USA	7p 33185 3		8. This corporation owes or has paid the current year Intangi Personal Property Tax due June 30. Yes No			
24] 33 !	9. Name and Address of Curren	1=*11*	W USA	Personal Property Tax due June 30. Yes No. 10. Name and Address of New Registered Agent	·		
DEDET ALEVANDED							
	91 WEST 10TH AVE		20 0	Alexander Perez			
1	ALEAH FL 33012		82 Street	ddress (P.O. Box Number is Not Acceptable)	1		
<b>!</b>	ELFETT E COOTE		83	1900 107 01.			
			201				
•	$\sim$		84 City	从iami FL 85 Zip Code 3318			
11. Pursuant to the provisions of Socious 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered							
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar will and people the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	( ALDIA 3			4/1/98	ſ		
Signature freed or production of registered applicable (NOTE Fingistered Agent signature required whom reinstating) DATE							
12.	OFFICE HS AND	- · · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			
TITLE	PD DEDET ALEVANDED I	☐ DELETE	1.1 TITLE		Addition		
NAME	PEREZ, ALEXANDER L		1.2 NAME	Perez, Alexander L. 4230 GW 157 Court	1		
STREET ADDRESS	5391 WEST 10TH AVE HIALEAH FL 33012		1.3 STREET ADDRESS	Miami, Fl. 33185			
CITY-ST-ZIP TITLE	VD VD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Addition		
NAME	PENA, VICTOR H	E back	2.2 NAME	Done Wishes H	J Addition		
STREET ADDRESS	5112 SW 151 PLACE		2.3 STREET ADDRESS	Pena, Victor H 5112 SW 151 PLACE			
CITY-ST-ZIP	MIAMI FL 33185		2.4 City-St-ZiP	Miami , Fl. 33185			
TITLE		DELETE	3.1 TIFLE		Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-S1-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE	Change	Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	51 TITLE	Change	Addition		
NAME			5.2 NAME		ļ		
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DETELE	6.1 TITLE	Change	Addition		
name			6.2 NAME		ļ		
STREET ADDRESS			63 STREET ADDRESS		1		
CITY-ST-ZIP			6.4 CITY+ST-ZIP				
14. I hereby c	certify that the information supplied wi	ith this filing does not qualify for	the exemption state	in Section 119.07(3)(i), Florida Statutes. I further certify that the info	rmation		

mental 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 ac receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in cyullagement with an address. officer or director of the cor Block 12 or Block 13 if cha-4/1/98

SIGNATURE: