

07081999-90007-015-\$150.00-\$150.00



99.

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90007 015 ***150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999

  **FLORIDA DEPARTMENT OF STATE**
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000026209 ✓

1. Corporation Name
ZODIAC BILLING, INC.

Principal Place of Business
 3231 SW 129 AVE
 MIAMI FL 33175

Mailing Address
 P O BOX 650976
 MIAMI FL 32265-0976

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/19/1998

4. FEI Number
050823400

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 the current year Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business
 27 **3231 SW 129 Ave**
 Suite, Apt. #, etc.: _____

2a. Mailing Address
 28 **P.O. Box 650976**
 Suite, Apt. #, etc.: _____

City & State
 23 **Miami Florida**

City & State
 28 **Miami Florida**

Zip
 24 **33175**

Country
 25 **USA**

Zip
 29 **33265-0976**

Country
 30 **USA**

9. Name and Address of Current Registered Agent

JIMENEZ, EILEEN
 3231 SW 129 AVE
 MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name
Jimenez, Eileen

82 Street Address (P.O. Box Number is Not Acceptable)
3231 SW 129 Ave

83

84 City
Miami

85 Zip Code
FL 33175

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 **Eileen Jimenez** **Eileen Jimenez President** **7-2-99**
 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eileen Jimenez	1.2 NAME	
STREET ADDRESS	3231 SW 129 Ave	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33175	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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.

SIGNATURE: **Eileen Jimenez** **Eileen Jimenez** **7-2-99** **305-221-1785**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)