05-04-1999 90055 019 ***150.00

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 # P98000084198

1. Corporation												
CONSOL	LIDATED ACCOUNTING & B	BILLING	i Services, inc	•								
	•											
	·											
Principal Place of Business Mailing Address												
P.O. BOX 651497 P.O. BOX 651497							Ì					
MIAMI FL 33265 MIAMI FL 33265								04	O NOT WRITE IN T	LIC CDACE		
•								Date Incorporated		TIIS SPACE		
							3.	09/30/1998	or <u>addance</u>			
2 Principal Di	lace of Business	22	Mailing Address				4	FEI Number			Applied For	
			26				"	65-0868	043		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.								Additional	
22			27				5.	Certificate of Status	Desired 🗌		Required	
City & State			City & State				6	Election Campaign	Financing	\$5.00	0 May Be	
23			28				"	Trust Fund Contribution Added to Fees				
Zip				Cour	Country			8. This corporation owes the current year Intangible				
24	25	25 29 30				•	"	Personal Property Tax.				
	9. Name and Address of Curren	t Registe	ered Agent	1			10.	Name and Addres	ss of New Registe	red Agent	_	
				ĺ	81	Name					ł	
NICOLAS, MARICELA					82	Street Add	drass (F	ess (P.O. Box Number is Not Acceptable)				
1831 SW 93RD PLACE					٦,	Gligot Add	1) 66010	.O. Box (Manibor to	riot riosopiasio)			
MIAMI FL 33165					83							
					0.4	City	· · · · · · · · · · · · · · · · · · ·			85 Zip	Code	
					84	City				FL " ~ "	70006	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 60	7.1508, Florida Statutes	s, the ab	ove	e-named cor	rporation	n submits this state	nent for the purpos	e of changing i	ts registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida	a. Such change was aut Section 607 0505. Florid	thorized da Statu	by: tes.	the corporat	tion's bo	oard of directors. I fi	ereby accept the ap	opointment as	registered	
_		,							,		.].	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if	applicable. (NOTE: F	Registered /	Agen	nt signature requi			DATE			
12.	OFFICERS AN	ID DIREC		13.				ADDITIONS/CHANG	SES TO OFFICERS			
TITLE	VD ☐ DELETE		1,1 T(TLE			÷ ,	• •	Change	e 🗀 Addition			
NAME	NICOLAS, MARICELA			1.2 NAJ	1.2 NAME							
STREET ADDRESS	1831 SW 93RD PLACE			1.3 STF	1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33165			1.4 CIT	1.4 CITY-ST-ZIP						<u></u>	
TITLE	PD DELETE			2.1 TITLE						Change	Addition	
NAME	Goberna, Mildred B			2.2 NA	ME			•			. }	
STREET ADDRESS	13420 SW 54TH STREET			2.3 STF	REET	r address		•	_		ł	
CITY-ST-ZIP	MIAMI FL 33175			2. 4 CFI	Y-S	ST-ZIP		·	<u> </u>			
TITLE			☐ DELETE	3.1 TIT	E				· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME				3.2 NAJ	ME							
STREET ADDRESS				3.3 STF	REET	TADDRESS						
CITY-ST-ZIP				3.4. CIT	Y-\$	T-ZIP						
TITLE			☐ DELETE	4.1 717	E					☐ Change	e ☐ Addition l	
NAME '				4. 2 NA	ME			•				
STREET ADDRESS				4.3 STF	ÆET	TADDRESS			*			
CITY-ST-ZIP				4.4 CIT	Y-S1	T-ZIP			7	_		
TITLE			☐ DELETE	5.1 TITI	LE				. 1	☐ Change	e 🔲 Addition	

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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME .

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

■ Addition

☐ Change