FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1	99	96

DOCUM 1. Corporation I		2 (3)				
BILLING SERVICES OF AMERICA, CORP.						
Principal Place o	of Business	Mailing Address		A HEALIBER IEU DIEID INIIN EIRID AFDI	E	
1800 SW 1ST		1800 SW 1ST				
STE. 322 Miami Fl 3313	35	#322 Miami Fl 33135				
US	••	US		3. Date Incorporated or Qualified 07/29/1991	3a. Date of Last Report 02/06/1995	
2. Principal Plac		2a. Mailing Address	<i>IST</i>	4. FEI Number	Applied For	
Suite, Apt. #,	<i>5.w.4057</i> .	26 /800 S. 4 Suite. Apt. #, etc.		65-0281802	Not Applicable \$8.75 Additional	
	E 204	27 SVITE 3	1/2	5. Certificate of Status Desired	Fee Required	
City & State	MIFC	Crty & State	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Ζφ	Country	8. This corporation has liability for		
4 33/5	5 25 DADE	[29] 33/35	30 DADE		S □No	
	9. Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New F	Registered Agent	
PEREZ, I	VON			VON PEREZ ress (P.O. Box Number is Not Acceptal	기수)	
	W. 41ST STREET		793	1 5, W. 403	7	
MIAMI FL	. 33175		83			
			84 City	IAMI	FL 85 Zip Code 33/55	
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the above named corpo	ration submits this statement for the pu	roose of changing its registered office.	
or registered	d agent, or both, in the State of Florid , and accept the obligations of, Secti	ta. Such change was authoriz	red by the corporation's boa	rd of d⊩ectors. Thereby accept the app	ontment as régistered agent. Lam	
SIGNATURE.	(
<i>[</i> 12.	Smallure, typed or brinled name of registracic agent OFFICERS ANI		TE Registered Agest signature require 13.		ICERS AND DIRECTORS IN 12	
DILE	DPTS	DELETE	1 1 11111.	PTS	Change Addition	
NAME	PEREZ, IVON		. I	ロタミューブバロン		
STREET ADDRESS	12301 S.W. 41ST STREET		13 STREET ADDRESS 7	951 S.W. 40 ST S	DIVE NOF	
CITY - \$1 - 7IP	MIAMI FL 33175			110MiFL 33155		
Tille		DELETE.	2 1 TITLE		Chauge Maddition	
NAMÉ			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
DITY - ST - ZIP		[] DELETE	24 CiTY - ST - ZiP 3 + TITLE		Change	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHTY - ST - ZIP			3.4.0(TY+S*+Z)P			
TIT_E		☐ DELETE	4 1 TIPLE		Change Addition	
NAMÉ			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·	4.4.01!Y ST ZIP	70000174	22012	
TITLE		DECETE	5 THEF	-700001 7; -02/23/9601	011-006 Addition	
NAME STOCKE ALONGO			5.2 NAME	***200.00		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-SI-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Addition	
NAME		believe	6.2 NAME		Country Distribut	
STREET ADDRESS			6.3 STHEET ADDRESS			
CITY-SF-2IF			6 4 CHY+ST-ZIP			
14. I do hereby	certify that the information supplied v	with this filing is voluntarily fun	hished and does not qualify t	for the exemption stated in Section 119	0.07(3)(k), Florida Statutes. I further	
certify that t	the information indicated on this annu	ia! report or supplemental ann	report is true and accura	ate and that my signature shall have the is report as required by Chapter 607, F	e same lega! effect as if made under	

SIGNATURE: 🔀

RINTEO NAME OF SIGNIES OFFICER OF DIRECTOR

CR2E034 (12/95)