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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S69242 (3)

1. Corporation Name
BILLING SERVICES OF AMERICA, CORP.



Principal Place of Business

7951 S.W. 40 ST. SUITE 204
MIAMI FL 33135
US

Mailing Address

1800 S.W. 1ST
SUITE 312
MIAMI FL 33135-1945
US

3. Date Incorporated or Qualified
07/29/1991

3a. Date of Last Report
02/22/1996

2. Principal Place of Business

21 3611 S.W. 8TH ST

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

Zip

24 33135

Country

25 DADE

2a. Mailing Address

26 256 N.W. 42 AVE

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL

Zip

29 33126

Country

30 DADE

4. FEI Number
65-0281802

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PEREZ, IVON
12301 S.W. 41ST STREET
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name

IVON PEREZ

82 Street Address (P.O. Box Number is Not Acceptable)

3611 S.W. 8TH STREET

83

84 City

MIAMI

FL

85 Zip Code

33135

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

Signature typed & printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-97

12. OFFICERS AND DIRECTORS

TITLE DPTS
NAME PEREZ, IVON
STREET ADDRESS 7951 S.W. 40 ST. SUITE
CITY - ST - ZIP MIAMI FL 33155

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPTS
1.2 NAME PEREZ, IVON
1.3 STREET ADDRESS 3611 S.W. 8TH ST
1.4 CITY - ST - ZIP MIAMI FL 33135

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-97

Date

305-446-8554

Daytime Phone #

CR2E034 (9/96)