04-13-1999 90102 011 \*\*\*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	#.	<b>S6</b>	92	14	2
1 Corporation Name		-			_

SIGNATURE

BILLING SERVICES OF AMERICA	, CORP.			
Principal Place of Business	Mailing Address			941 G1811 A
3611 SW 8TH ST MIAMI FL 33135 US	256 NW 42ND AVE Miami Fl 33126 US		DO NOT WRITE IN THIS SPA	CE
			3. Date Incorporated or Qualifed 07/29/1991	
2. Principal Place of Business 21 949- A 5.W. 122 Av	2a. Mailing Address	*	4. FEI Number 65-0281802	Ap <sub>l</sub>
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 A Fee Re
City & State  23 Miami, FL	City & State		1	<b>5.00</b> Added t
Zip Country 24 33/84 25 US	Zip C	ountry	This corporation owes the current year Intangit     Personal Property Tax.	
	ddress of Current Registered Agent		10. Name and Address of New Registered Ager	nt
PEREZ, IVON 3611 SW 8TH ST MIAMI FL 33135		81 Name 82 Street Addr 83	EZ TVO ess (P.b. Box Number is Not Acceptable) D-AS: W. J. A.	ne
		24 04	0.5	El Zin (

a Statutes, the above-named corporation submits this statement for the purpose of changing its registered fige was authorized by the corporation's board of directors. I hereby accept the appointment as registered 0.505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.150 office or registered agent, or both, the State of Florida Sec ations agent. I am familiar with, and a

(NOTE: Registered Age

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE 1.1 TITLE **DPTS** TITLE Perez, Ivon 947-A S.W. 122 Avence PEREZ, IVON 1.2 NAME NAME 3611 SW 8TH ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 2.1 TITLE ☐ Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS

3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 of 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, cycor an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.1 TITLE

SIGNATURE:

CITY-ST-ZIP

\_ Change

Change

Change

☐ Addition

Addition

☐ Addition

CR2E034.(11/98)

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

□No