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

1996

DOCUMENT # Corporation Name

(7)

MIROCH BILLING SERVICES, INC.

AAAAA AAAA AAAAAA	41005 CW 2 C
Principal Place of Business	Mailing Address

11365 S.W. 2 STREET APT. 605

Suite, Apt. #, etc.

21

24

APT. 605

Suite, Apt. #, etc.

SWEETWATER FL 33174 SWEETWATER FL 33174 2a. Mailing Address 2. Principal Place of Business 26

22 27 City & State City & State 28 23 Country Zip

Zip Country 29 25 9. Name and Address of Current Registered Agent

06/02/1992 07/17/1995 4. FEI Number Applied For 65-0338717 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be \Box

3a. Date of Last Report

Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

OCHOA, MIRTA O. 11365 S.W. 2 ST.

APT. 605 SWEETWATER FL 33174

81	Name		
62	Street Address (P.O. Box Number is Not Acceptable)	 	
83		 	
84	City	 85	Zip Code

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualified

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

30

or registered agent, or both, in the State of Florida. Such change w familiar with, and accept the obligations of, Section 607.0505, Flori	vas authorized by the corporation's board of directors. ida Statutes.	Thereby accept the appointment as registered agent, I am
SIGNATURE		PATE

٤	Signature, typed or printed name of registered agent arid lifts	if applicable. [NOTE: H	agistered Agent signature requi	
12.	OFFICERS AND DIRE	ECTORS	13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1. 1 TITLE	Change Addition
NAME	OCHOA, MIRTA O.		1.2 NAME	
STREET ADDRESS	11365 S.W. 2 ST. # 605		13 STREFT ADDRESS	
CHTY-ST-ZIP	SWEETWATER FL		1.4 CiTY-ST-ZIP	
TITLE	VTD	☐ DELETE	2. 1 TITLE	Change Addition
NAME	OCHOA, FERNANDO		2.2 NAME	
STREET ADDRESS	11365 S.W. 2 ST. # 605		2.3 STREET ADDRESS	
CITY-SY-ZIP	SWEETWATER FL		2.4 CITY - ST - ZIP	
TITLE		DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3. STREET ADDRESS	
DITY-ST-ZIP			3.4 CITY - ST - ZIP	Pro
TITLE		DELETE:	4. 1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 C-TY - ST - ZIP	
TITLE		DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6. 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - \$1 - ZIP	

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 early; 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.

CITY-S1-ZIP