

FILED

May 07 1998 8:00am
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 40447
Miroch Billing Serv., Inc

Principal Place of Business: 8150 SW 8 St. Ste. 222 Miami, FL 33144
Mailing Address: 10373 SW 6 St. Miami, FL 33174

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
11	28	65-0338717	Not Applicable
2. Suffix, Acl. #, etc.	2b. Suffix, Apt. #, etc.	5. Certificate of Status Desired	\$0.75 Additional Fee Required
22	27	<input type="checkbox"/>	
3. City & State	2c. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	24	<input type="checkbox"/>	
4. Zip	2d. Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25		
25	26		
26	27		
28	29		
30	31		

8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Mila O. Ochoa 10373 SW 6 St. Miami, FL 33174	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 607.0506, Florida Statutes.

SIGNATURE: *Mila O. Ochoa* (NOTE: Registered Agent signature required when registering) DATE: _____

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	11. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2. NAME	12. NAME		
3. STREET ADDRESS	13. STREET ADDRESS		
4. CITY-ST-ZIP	14. CITY-ST-ZIP		
5. TITLE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6. NAME	2.2 NAME		
7. STREET ADDRESS	2.3 STREET ADDRESS		
8. CITY-ST-ZIP	2.4 CITY-ST-ZIP		
9. TITLE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
10. NAME	3.2 NAME		
11. STREET ADDRESS	3.3 STREET ADDRESS		
12. CITY-ST-ZIP	3.4 CITY-ST-ZIP		
13. TITLE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
14. NAME	4.2 NAME		
15. STREET ADDRESS	4.3 STREET ADDRESS		
16. CITY-ST-ZIP	4.4 CITY-ST-ZIP		
17. TITLE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
18. NAME	5.2 NAME		
19. STREET ADDRESS	5.3 STREET ADDRESS		
20. CITY-ST-ZIP	5.4 CITY-ST-ZIP		
21. TITLE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22. NAME	6.2 NAME		
23. STREET ADDRESS	6.3 STREET ADDRESS		
24. CITY-ST-ZIP	6.4 CITY-ST-ZIP		

300002518043
-05/11/98--01019--010
***150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mila O. Ochoa* 4-22-98 (306) 263-8088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR