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

PROFIT CORPORATION **ANNUAL REPORT** 1998 **DOCUMENT** #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

N.V. PROFESSIONAL BILLING SERVICES INC.

Principal Place of Business	Mailing Address		
19358 SW 106 AVE Miami FL 33157 US	19058 SW 106 AVE Miami FL 33157 US		

FILED May 04 1998 8:00am Secretary of State

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Principal Place of Business	Mailing Address		1 1001 471011 81011 81001 70181 70111 4811 97011 8	ISBU BIBLI BIBLI BIBLI BIBLI IBBI
19358 SW 106 AVE	19358 SW 106 AVE			
MIAMI FL 33157 MIAMI FL 33157		DO NOT WRITE IN THIS SPACE		
US	US		3. Date Incorporated or Qualified	IS SPACE
			06/19/1992	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0366108	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28	Country	Trust Fund Contribution	Added to Fees
}=- -, ' ├, '	Zip	Country	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes No
25 25 25 25 25 25 25 25 25 25 25 25 25 2		30	10. Name and Address of New Registers	
-VILAGMAT, LANDELINA RODRIQUEZ		81 Name		
20720 C.W. 117 CT.		3. F	VILADHAT	
MAMI-FL 33177			ress (P.O. Box Number is Not Acceptable)	
insuit E Sott		83	D Loo Ito III	
		84 City	H-LI F	L 85 Zip Code
11. Pursuant to the provisions of Sections 607 5012	and 607.1508 Florida Statute	es, the above-named corp	poration submits this statement for the purpose	
11. Pursuant to the provisions of Sections 607 (20)? office or registered agent, or both, in the light of agent. I am familiar with, auch accept the obligat	of Fronda. Such change was a ions of, Sociion 607.0505, Flo	authorized by the corpora xida Statules.	tion's board of directors. I hereby accept the a	ippointment as registered
SIGNATURE -		LAOMAT	PRES. 4/20/9	8
Signature, typed of protect name of require or outpent	and the if apply able (NOTE	Registered Agent signature requi		
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE D NAME VILAGMAT, LANDELINA-RODR	DELETE			Change Addition
44-44		12 NAME	5. F. VILADICAT 9358 8 W 106 Ave	
STREET ADDRESS 20720 S.W. 117 OT:			MIAMI -PL 38157	
CITY-ST-ZIP MINAMI T L	DELETE	1.4 CITY-S1-ZIP 2.1 HTLE	MUNACI OFC. BEIST	Change Addition
NAME	L_ better	2 2 NAME		C) change C Addition
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY-ST-ZIP		
TITLE	DELETE	31 TITLE		Change Addition
NAME	_	3.2 NAME		_ • _
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE		3.4. UTT - 31 - ZTF 1		
NAME	DELETE	4.1 TITLE		Change Addition
STREET ADDRESS	DELETE			Change Addition
anice Address	☐ DELETE	4.1 TITLE		Change Addition
CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME		☐ Change ☐ Addition
	☐ DELETE	4.1 TILE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CfTY-ST-ZIP		4.1 THLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP		
CRTY-ST-ZIP TITLE		4.1 THLE 4.2 NAME 4.3 STREET ADDRESS 4.4 City-St-Zip 5.1 THLE		
CFTY-ST-ZIP TITLE NAME	☐ DELETE	4.1 THLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 THLE 5.2 NAME		
CFTY-ST-ZIP TITLE NAME STREET ADDRESS		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
CFTY-ST-ZIP TITLE NAME STREET ADDRESS CFTY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
CFTY-ST-ZIP TITLE NAME STREET ADDRESS CFTY-ST-ZIP TITLE	☐ DELETE	4.1 Title 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 Title 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 Title		☐ Change ☐ Addition

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 amount of the control of the corporation or the receiver or trulifee 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.