

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 03 1998 8:00am
 Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1998



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

DOCUMENT # G69538 (8)
 1. Corporation Name
 PACIFIC CABLE TELEVISION, INC.



Principal Place of Business
 10 NW LEJUENE RD
 MIAMI FL 33126

Mailing Address
 10 NW LEJUENE RD
 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2800 Ponce de Leon Blvd.		2a. Mailing Address 26 2800 Ponce de Leon Blvd.		3. Date Incorporated or Qualified 10/12/1983	
Suite, Apt. #, etc. 22 15th Floor		Suite, Apt. #, etc. 27 15th Floor		4. FEI Number 59-2456692	
City & State 23 Coral Gables, FL		City & State 28 Coral Gables, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33134		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 33134		Country 30 USA		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 MURAI WALD BIONDO MORENO & MENDOZA, PA
 25 SE 2 AVE STE 900
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAIAS, ROBERTO	1.2 NAME	
STREET ADDRESS	10 NW LEJUENE RD	1.3 STREET ADDRESS	2800 Ponce de Leon Blvd.
CITY-ST-ZIP	MIAMI-FL	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	TV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAIAS, WILLIAM	2.2 NAME	
STREET ADDRESS	10 NW LEJUENE RD	2.3 STREET ADDRESS	2800 Ponce de Leon Blvd.
CITY-ST-ZIP	MIAMI-FL	2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	VS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAIAS, ESTEFANO	3.2 NAME	
STREET ADDRESS	10 NW LEJUENE RD	3.3 STREET ADDRESS	2800 Ponce de Leon Blvd.
CITY-ST-ZIP	MIAMI-FL	3.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(l), 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]* 8/30/98 305 443-1010

CR2E034 (5/98)