

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # J56556 (0)

1. Corporation Name
R.F.E. CABLE CONSULTANTS, INC.



Principal Place of Business
**8135 S.W. 136TH ST.
MIAMI FL 33156**

Main Address
**8135 S.W. 136TH ST.
MIAMI FL 33156**

2. Principal Place of Business
21 State Apt. #, etc.
22 City & State
23 Zip
24 Country
25 County

2a. Mailing Address
26 State Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: **02/12/1987**

3a. Date of Last Report: **01/17/1995**

4. FEI Number: **59-2776464**

5. Certificate of Status Desired: Applied For, No Application

6. Election Campaign Financing: **\$8.75 Additional Fee Required**, **\$5.00 May Be Added to Fees**

7. Trust Fund Contribution:

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes, No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOLASKY, MARJORIE E., ESQ.
10661 N. KENDALL DR., STE. 207
MIAMI FL 33176**

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

11. Pursuant to the provisions of Sections 607.001 and 607.11(2)(c), 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 607.11(2)(c), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> OFFICER
NAME	ELLIS, RONALD F.	
STREET ADDRESS	8135 S.W. 136TH ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> OFFICER
NAME	ELLIS, SUN YE	
STREET ADDRESS	8135 S.W. 136TH ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> OFFICER
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> OFFICER
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> OFFICER
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied by this firm is voluntarily furnished and does not apply, for the exemption stated in Section 119.07(3)(a), 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 of this report or in a public filing with an address.

SIGNATURE: *Ronald F. Ellis* **Ronald F. Ellis** President 10 April 1996 305-238-1621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)