

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F94000005443 (6)

1. Corporation Name

LIMAR OVERSEAS LTD., INC.

Principal Place of Business

% MARLENE ACOSTA
353 W 59TH ST
HIALEAH FL 33012

Mailing Address

% MARLENE ACOSTA
353 W 59TH ST
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1994

3a. Date of Last Report

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 194.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2b. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

MACHADO ACOSTA, MARLENE A
353 W 59TH ST
HIALEAH FL 33012

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DP
CAMARANO, PLUTARCO C
PO BOX 6277 PANAMA 5 N/A
REPUBLICA DE PANAMA

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

T
DE LA ROSA, ANGELA JULIA
PO BOX 6277 PANAMA 5 N/A
REPUBLICA DE PANAMA

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do 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)(b), 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. (Block 13 is required, or on an attachment with an address.

SIGNATURE:

Plutarco Cohen Camarano
PLUTARCO COHEN CAMARANO
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

April 26, 1995 (507) 64-1355

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005808 (0)
1. Corporation Name
CABLE POSITIVE, INCORPORATED

Principal Place of Business 8453 W. 4TH STREET LOS ANGELES CA 90048	Mailing Address 8453 W. 4TH STREET LOS ANGELES CA 90048
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2. Principal Place of Business 21 c/o HBO-3rd Floor Suite, Apt. #, etc. 22 1100 Ave. of The Americas City & State 23 New York NY Zip 24 10036 Country 25 USA	2a. Mailing Address 26 c/o HBO-3rd Floor Suite, Apt. #, etc. 27 1100 Ave. of The Americas City & State 28 New York NY Zip 29 10036 Country 30 USA
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9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32303**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/09/1994	3a. Date of Last Report
4. FEI Number 13-3687947	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

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 _____ DATE _____
(NOTE: Registered Agent signature required when appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P D BERNSTEIN, JEFFREY 5619 DTC PARKWAY ENGLEWOOD CO	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	☐ Change ☒ Addition zip 80111
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V D MCDERMOTT, MARGARET 753 N. HILL AVE. PASADENA CA	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	☐ Change ☒ Addition zip 91104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S D HAHN, GARY 75 ROCKEFELLER PLAZA 13TH FLOOR NEW YORK NY	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	☒ Change ☐ Addition S Ellen Wedner 4019 North Meridan Avenue Miami Beach FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T D BLATMAN, MARA 75 ROCKEFELLER PLAZA 13TH FLOOR NEW YORK NY	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	☐ Change ☒ Addition zip 10013
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Mara Blatman MARA BLATMAN 4/5/96 212-459-9549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone