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Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G16458** (3)
1. Corporation Name
INTERNATIONAL CABLE CONSULTANTS INC.



Principal Place of Business 10711 SW 216 ST STE 100 MIAMI FL 33170 US	Mailing Address 10711 SW 216 ST STE 100 MIAMI FL 33170-3182 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/14/1982	3a. Date of Last Report 03/18/1996
4. FEI Number 59-2245174	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HERMANOWSKI, JOAN A. 10711 SW 216 ST STE 100 MIAMI FL 33170	
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81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SD
NAME	HERMANOWSKI, JOAN A.	1.2 NAME	Hermanowski, Joan A.
STREET ADDRESS	5845 COLLINS AVE., #408	1.3 STREET ADDRESS	5845 Collins Ave. #408
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	Miami Beach, FL. 33140
TITLE	VSD	2.1 TITLE	PD
NAME	HERMANOWSKI, CHARLES C.	2.2 NAME	Hermanowski, Charles C.
STREET ADDRESS	5845 COLLINS AVE #408	2.3 STREET ADDRESS	5845 Collins Ave. #408
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	Miami Beach, FL. 33140
TITLE	T	3.1 TITLE	
NAME	HENSLEY, RICK	3.2 NAME	
STREET ADDRESS	9533 SW 148 AVE CR E	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SMITH, JOY, A	4.2 NAME	
STREET ADDRESS	6245 SW 145 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: Joan A. Hermanowski 2-28-97 305-232-9208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)