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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K84539

(1)

AMERICABLE INTERNATIONAL-FLORIDA-INC.

Principal Place of Business Mailing Address					
% JOAN A. HERMANOWSKI 10711 S.W. 216 ST #100 MIAMI FL 33170		%JOAN A. HERMANOWSKI 10711 S.W. 216 ST., #100 MIAMI FL 33170			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualified
2 Principal P	lage of Rusiness	2a. Mailing Address			05/01/1989 4. FEI Number   Applied For
2. Principal Place of Business		26			4. FEI Number Applied For 65-0118937 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			S8 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			Election Campaign Financing \$5.00 May Be
23		28	T 0		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No
24	9. Name and Address of Current	29  Registered Agent	30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
HF	RMANOWSKI, CHARLES C.		1	31 Name	
	711 S.W. 216 ST.		82 Street Ad		et Address (P.O. Box Number is Not Acceptable)
	00			JE GIICO	of Address (1.5. Box Number is Not Acceptable)
MI	AMI FL 33170		ſ	83	
			1	34 City	85 Zip Code
44 5	10	10074500 51-31-01-1			<b> FL </b>
office or r	<b>egistered agent, or both, in the State o</b>	if Florida. Such ch <b>ange w</b> as a	aulhorized	by the co	ed corporation submits this statement for the purpose of changing its registered orporation'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 typod or printed name of registered agent	and their applicable (NOT	E: Registered	Agent signatu	ture required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 1111	£	Change Addition
NAME	HERMANOWSKI, JOAN A.		1.2 NAN	AE .	
STREET ADDRESS	5845 COLLINS AVE. #406		1.3 STR	EET ADDRESS	ss }
CITY-ST-ZIP	MIAMI BEACH FL VD	DELETE	1.4 CITY - ST - ZI 2.1 TITLE		Shares Classified (
TITLE NAME	HERMANOWSKI, CHARLES C. 22 NA				L_I Change L_I Addition
STREET ADDRESS	5845 COLLINS AVE. #406			il Eet address	
CITY-ST-ZIP	MANAGERACIUE			Y~\$T-ZIP	8
TITLE	ST	DELETE 3.1 TO			Change Addition
NAME	UPMOLEN PION		3.2 NAN	4E	
STREET ADDRESS	9533 SW 148 AVE CIR E		3.3 STR	EET ADDRESS	s l
CITY-ST-ZIP	MIAMI FL		3.4. CIT	Y-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TiTL		Change Addition
NAME	HERMANOWSKI, CHARLES A.		4. 2 NA1		
STREET ADDRESS	5845 COLLINS AVE. #406			EET ADDRESS	is
CITY-ST-ZIP	MIAMI BEACH FL	DELETE		- ST-ZIP	Change Addition
TITLE !		La piccie	5.1 TITU 5.2 NAM		Change L.] Addition
STREET ADDRESS				". Eet address	
CITY-ST-ZIP				'-ST-ZIP	
TITLE		DELETE	6.1 1111		Change Addition
NAME			6.2 NAM	1E	
STREET ADDRESS			6.3 STR	EET ADDRESS	s
CITY-ST-ZIP				-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)(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: prof Bernanows To

Jonn Alternavowski

MAY 6,198 305

305.232-9208

**FILED** 

May 21 1998 8:00am

Secretary of State