

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K84539

1. Corporation Name

AMERICABLE INTERNATIONAL-FLORIDA-INC.

Principal Place of Business

% JOAN A. HERMANOWSKI
10711 S.W. 216 ST. #100
MIAMI FL 33170
US

Mailing Address

%JOAN A. HERMANOWSKI
10711 S.W. 216 ST. #100
MIAMI FL 33170
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 PO BOX 859

27 Suite, Apt. #, etc.

28 City & State

MIAMI FL

29 Zip

33197

Country

30

9. Name and Address of Current Registered Agent

HERMANOWSKI, CHARLES C.
10711 S.W. 216 ST.
#100
MIAMI FL 33170

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1989

4. FEI Number

65-0118937

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HERMANOWSKI, JOAN A.
STREET ADDRESS 5845 COLLINS AVE. #406
CITY-ST-ZIP MIAMI BEACH FL

TITLE VD ☐ DELETE

NAME HERMANOWSKI, CHARLES C.
STREET ADDRESS 5845 COLLINS AVE. #406
CITY-ST-ZIP MIAMI BEACH FL

TITLE ST ☐ DELETE

NAME HENSLEY, RICK
STREET ADDRESS 9533 SW 148 AVE CIR E
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME HERMANOWSKI, CHARLES A.
STREET ADDRESS 5845 COLLINS AVE. #406
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD

CHARLES A HERMANOWSKI
8298 BRIDLE PATH
BOCA RATON FL 33496

D

KIM E HERMANOWSKI
4801 LAKEVIEW DRIVE
MIAMI BEACH FL 33140

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN A HERMANOWSKI

Date

3/1/99

Daytime Phone #

305/256-6844

CR2E034 (11/98)

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90048 008 ***150.00

