

FILED

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

DOCUMENT # L15541 (0)  
1. Corporation Name  
AMERICABLE INTERNATIONAL-MICHIGAN-INC.

Principal Place of Business	Mailing Address
% JOAN A. HERMANOWSKI 10711 S.W. 216 ST. #100 MIAMI FL 33170 US	% JOAN A. HERMANOWSKI 10711 S.W. 216 ST. #100 MIAMI FL 33170-3182 US

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

3. Date Incorporated or Qualified <b>09/08/1989</b>		3a. Date of Last Report <b>03/18/1996</b>	
4. FEI Number <b>65-0145756</b>		<input type="checkbox"/>	Applied For
		<input type="checkbox"/>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> 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, CHARLES C. 10711 S.W. 216 ST. SUITE 100 MIAMI FL 33170	81 Name
	82 Street Address
	83
	84 City

**10. Name and Address of New Registered Agent**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (P.O. Box Number is Not Acceptable)  
\_\_\_\_\_  
\_\_\_\_\_

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	<input type="checkbox"/> DELETE
NAME	HERMANOWSKI, CHARLES C.	
STREET ADDRESS	5845 COLLINS AVE. #408	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HENSLEY, RICK	
STREET ADDRESS	9533 SW 148TH AVE CIR E.	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HERMANOWSKI, JOAN A.	
STREET ADDRESS	5845 COLLINS AVE. #408	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KASSOVER, JEAN A.	
STREET ADDRESS	4801 LAKEVIEW DRIVE	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Joe A. Hermanowski Joe A. Hermanowski

228-97

305-232-9208

CR2E034 (9/96)