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

PROFIT CORPORATION ANNUAL REPORT



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

1996 M08025 **DOCUMENT #**

1. Corporation Name

NAME

STREET ADDRESS

MATY - CABLE SATELLITE INC.

					{	Bill Bill Bill Gibt Bil	(C 0103) OLDII 1998	
Principal Place of Business Mailing Address								
10711 SW 216 ST.		10711 SW 216 ST.						
#100		#100						
MIAMI FL 33170 MIAMI FL 33170					3. Date incorporated or Qualified 3a. Date of La 11/20/1984 03/21/		ast Report /1995	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
1		26		59-2475355 Not Applic		Not Applicable		
Suite, Apt. #	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional	
2		27		5. Certificate of Status Desireo	Fee	Required		
City & State	1	City & State	City & State		6. Election Campaign Financing	_, \$5.	00 May Be	
3		28			Trust Fund Contribution		led to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for i	intang-ble tax under	s 199.032,	
4	25	29	30		Florida Statutes X Yes			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent		
				81 Name				
HERMANOWSKI, CHARLES C. 10711 SW 216 ST.				82 Street Address (P.O. Box Nuniber is Not Acceptable)				
#100				83				
MIAMI FL 33170				and Court Top Code			7 0-4-	
***************************************				84 City		FL 85	Zip Code	
11 Pursuant t	o the provisions of Sections 607 0502 a	and 607.1508. Florida Statu	ites, the abo	ve named corpo	ration submits this statement for the pur	pose of changing its	registered offic	
or register	ed agent, or both, in the State of Florida	Such change was author	ized by the o	orporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	ointment as registere	ed agent. I am	
familiar wit	th, and accept the obligations of, Section	in 607,0505, Florida Statute	#5.					
SIGNATURE _	Signature, typed or printeo name of registered agent a	nd nour annuable (A	d'illi Besidens	Agent signature require	ri when hendatheir	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES 10 OFF	ICERS AND DIRECT	IORS IN 12	
TITLE	T T	DELETE	1 1 T	TLF		☐ Changi	e 🔲 Addition	
NAME	HENSLEY, RICK		12 N	IME				
STREET ADDRESS	9533 SW 148TH AVE CIR E	1.3		RELT ADDRESS				
	MIAMI FL			TY-ST-71P				
CHTY-ST-ZiP TITLE	PD	DELETE	2.11			Change	e 🔲 Add tion	
NAME	HERMANOWSKI, CHARLES C.		22 N				_	
	17301 OLD CUTLER RD.			REET ADDRESS				
STREET ADDRESS	MIAMI FL							
CITY-ST-ZIP	S	DELETE	3 1 T	TY-S1-ZIF		Chang	e	
TITLE	HERMANOWSKI, JOAN A	[] ош.п		1		L'1 2.191.8	L /	
NAME	17301 OLD CUTLER ROAD		32 N					
STREET ADDRESS	MIAMI FL			TREET ADDRESS				
CITY - ST- ZIP	WIPWII FL	ET DELETE		1Y-SI-7-P		☐ Chang	e Addition	
TITLE		☐ DELETE	4 1 1			ET cuana	· LI vonion	
NAME			4 2 N					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				TV-ST ZIP		F 0:	a Marie	
TITLE		DELE1E	5 1 1	ITLE		Chang	e 🔲 Addition	
NAME			52N	AME				
STREET ADDRESS			538	REET ADDRESS				
CHY-ST-ZIP			540	TY-ST-ZIP				
TITLE		DEFEIE	6 1 1	ITLE		Chang	e 🔲 Add-tion	

14. I do hereby certify that the information supplied with this filing is vo'untarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida 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 certify 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. JOHN A. HERMANOWSK: 3-1-96 305.868-9587

6.3 STREET ADDRESS

6.4.011Y-S1-7IP