

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

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

03-08-1999 90048 016 ***150.00

DOCUMENT # M45343

1. Corporation Name

CABLE SATELLITE OF SOUTH MIAMI, INC.



Principal Place of Business

10711 S.W. 216 ST.
#100
MIAMI FL 33173
US

Mailing Address

10711 S.W. 216 ST.
#100
MIAMI FL 33170
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1987

4. FEI Number

59-2775496

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

PO BOX 859

27

Suite, Apt. #, etc.

28

City & State

29

MIAMI FL

30

Zip

31

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, CHARLES C.

STREET ADDRESS 5845 COLLINS AVE. #406

CITY-ST-ZIP MIAMI BEACH FL

TITLE VD ☐ DELETE

NAME HERMANOWSKI, JOAN A.

STREET ADDRESS 5845 COLLINS AVENUE #406

CITY-ST-ZIP MIAMI BEACH FL

TITLE TS ☐ DELETE

NAME HENSLEY, RICK

STREET ADDRESS 9533 SW 148TH AVE CIR E

CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME SMITH, JOY, A

STREET ADDRESS 6245 SW 145 ST

CITY-ST-ZIP MIAMI 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

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:

Joan A. Hermanowski

JOAN A HERMANOWSKI 3/1/99 305/256-6844

Date

Daytime Phone #

CR2E034 (1/98)