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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90048 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M54391 1. Corporation Name AMERICABLE INTERNATIONAL-ROOSEVELT ROADS-INC.					
Principal Place of Business 10711 S.W. 216 ST. #100 MIAMI FL 33170 US			Mailing Address 10711 S.W. 216 ST. #100 MIAMI FL 33170 US		
2. Principal Place of Business 21 10735 SW 216 STREET Suite, Apt. #, etc. 22 B130 City & State 23 MIAMI FL Zip Country 24 33170 25		2a. Mailing Address 26 PO BOX 859 Suite, Apt. #, etc. 27 City & State 28 MIAMI FL Zip Country 29 33197 30		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/23/1987 4. FEI Number 59-2690851 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. <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. #100 MIAMI FL 33170			10. Name and Address of New Registered Agent 81 Name JOAN A HERMANOWSKI 82 Street Address (P.O. Box Number is Not Acceptable) 10735 SW 216 STREET 83 SUITE B130 84 City MIAMI FL 85 Zip Code 33170		
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 607.0805, Florida Statutes. SIGNATURE <i>Joan A Hermanowski</i> JOAN A HERMANOWSKI, PRESIDENT 3/1/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE PD NAME HERMANOWSKI, JOAN A. STREET ADDRESS 5845 COLLINS AVENUE, #406 CITY-ST-ZIP MIAMI BEACH FL <input type="checkbox"/> DELETE TITLE D NAME HERMANOWSKI, CHARLES A. STREET ADDRESS 5845 COLLINS AVENUE #406 CITY-ST-ZIP MIAMI BEACH FL <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.1 TITLE P/S/D 1.2 NAME JOAN A HERMANOWSKI 1.3 STREET ADDRESS 5845 COLLINS AVE #406 1.4 CITY-ST-ZIP MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE D 2.2 NAME CHARLES A HERMANOWSKI 2.3 STREET ADDRESS 8298 BRIDLE PATH 2.4 CITY-ST-ZIP BOCA RATON FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE D 3.2 NAME KIM E HERMANOWSKI 3.3 STREET ADDRESS 4801-LAKEVIEW-DRIVE 3.4 CITY-ST-ZIP MIAMI BEACH FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.1 TITLE VP 4.2 NAME WILLIAM J MCCARTHY 4.3 STREET ADDRESS 12510 SW 151 STREET #168 4.4 CITY-ST-ZIP MIAMI FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)