

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

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**95 FEB 17 PM 2:40**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P94000051445 (2)**

1. Corporation Name  
**CENTURY CABLE, INC.**

Principal Place of Business      Mailing Address  
**10471 SW 118TH ST  
MIAMI FL 33176**      **10471 SW 118TH ST  
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/12/1994</b>	3a. Date of Last Report
4. FEI Number	<input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 <b>9250 S.W. 104 St.</b> Suite, Apt. #, etc.	26 <b>9250 SW 104 St.</b> Suite Apt. #, etc.
22 City & State <b>Miami, FL</b>	27 City & State <b>Miami, FL</b>
24 <b>33176</b> Zip Country <b>USA</b>	29 <b>33176</b> Zip Country <b>USA</b>

9. Name and Address of Current Registered Agent

**KORGE, CHRIS  
10471 SW 118TH ST  
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**9250 SW 104 St.**

83

84 City **Miami**      FL      85 Zip Code **33176**

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 Mailing Address)      (Typed Name of Registered Agent (corporation registered agent mandatory))      (Date)

12. OFFICERS AND DIRECTORS

11.1 NAME <b>D BARRETO, RODNEY</b>	11.2 STREET ADDRESS <b>10471 SW 118TH ST</b>	11.3 CITY, ST, ZIP <b>MIAMI FL 33176</b>
11.4 NAME	11.5 STREET ADDRESS	11.6 CITY, ST, ZIP
11.7 NAME	11.8 STREET ADDRESS	11.9 CITY, ST, ZIP
11.10 NAME	11.11 STREET ADDRESS	11.12 CITY, ST, ZIP
11.13 NAME	11.14 STREET ADDRESS	11.15 CITY, ST, ZIP
11.16 NAME	11.17 STREET ADDRESS	11.18 CITY, ST, ZIP
11.19 NAME	11.20 STREET ADDRESS	11.21 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME <b>9250 SW 104 St.</b>	
13.3 STREET ADDRESS <b>MIAMI, FL. 33176</b>	
13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME	
13.6 NAME	
13.7 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 CITY, ST, ZIP	
13.9 NAME	
13.10 NAME	
13.11 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.12 CITY, ST, ZIP	
13.13 NAME	
13.14 NAME	
13.15 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.16 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily prepared and does not qualify for the exemption stated in Section 110.072(3)(b), 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 by an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-18-95**      **3052758123**  
(Date)      (Telephone Number)