

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 08 1997 8:00am
Secretary of State

DOCUMENT # P94000062288
MIAMI CABLE CONNECTIONS, INC.

Principal Office Address: 14030 S.W. 140TH ST.
MIAMI, FL. 33196
Mailing Address: 14030 S.W. 140TH ST.
MIAMI, FL. 33196

2. Principal Office Address	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.	26. State, Apt. #, etc.	8/17/94	4/96
22. City & State	27. City & State	4. FCI Number	Applied For
23. Zip	28. Zip	65-0517219	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30. Country		

9. Name and Address of Current Registered Agent

LEISER, WILLIAM D
8160 S.W. 148TH COURT
MIAMI, FL. 33193

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

11. I, the undersigned, president or secretary of the above-named corporation, submit this statement for the purpose of changing its registered agent, as provided for in both the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of the corporation and accept the obligations of Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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99. NAME	99. NAME
100. NAME	100. NAME

14. I hereby certify that the information provided with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information provided in 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. I am a duly authorized officer or director of the corporation or its receiver or trustee or employee to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of the report or its attachment with an address.

SIGNATURE: Bill Leiser
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
500002140125
-04/11/97--01007--050
***165.00
2/21/97 (505) 234-8377

CR2E034 (9/96)