FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000031369 (8)**

1. Corporation Name

METRO/COM CABLE SERVICES, INC.

Principal Place of Business
1970 KEYSTONE BLVD.
NORTH MIAMI BEACH FL 33181

Mailing Address
1970 KEYSTONE BLVD.
NORTH MIAMI BEACH FL 33181

3. Date Incorporated or Qualified: 04/21/1995
3a. Date of Last Report:

2. Principal Place of Business
21 12320 SW 117 CT
22 Suite, Apt. #, etc.
23 City & State: MIAMI, FL
24 Zip: 33186
25 Country: U.S.A.

2a. Mailing Address
26 12320 SW 117 CT.
27 Suite, Apt. #, etc.
28 City & State: MIAMI, FL
29 Zip: 33186
30 Country: U.S.A.

4. FEI Number: 65-0579299 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HANSEN, DAVID J
1970 KEYSTONE BLVD.
NORTH MIAMI BEACH FL 33181

10. Name and Address of New Registered Agent

81 Name: HANSEN, DAVID J.
82 Street Address (P.O. Box Number is Not Acceptable): 12320 SW 117 CT
83
84 City: MIAMI FL 85 Zip Code: 33186

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] DATE: 4.29.96

Signature (and Typed or Printed Name of Registered Agent) (Date) (Required if Appointment Accepted by Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE	PRES.	☐ DELETE
NAME	DAVID J. HANSEN	
STREET ADDRESS	1970 KEYSTONE BLVD	
CITY-ST-ZIP	N. MIA FL 33181	
TITLE	SEC/TREA.	☐ DELETE
NAME	KAREN HANSEN	
STREET ADDRESS	1970 KEYSTONE BLVD.	
CITY-ST-ZIP	N. MIA. FL 33181	
TITLE	V.P.	☐ DELETE
NAME	JOSE SCHWANK SR.	
STREET ADDRESS	12021 SW 31 STREET	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		☐ DELETE
NAME	FATIMA SCHWANK	
STREET ADDRESS	12021 SW 31 STREBT	
CITY-ST-ZIP	MIAMI, FL 33175	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] DAVID HANSEN, PRES. 4.29.96 305.278.0277

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

CR2E034 (12/95)