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

DOCUMENT # P95000054149

1. Corporation Name

COMPUTER SYSTEMS & CABLE, INC.

Principal Place of Business

Mailing Address

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90039 010 ***150.00



13125 S.W. 54TH STREET 7376 NW 35 TERR			J				
MIAMI FL 33175 MIAMI FL 33122 US					DO NOT WRITE IN THIS SPACE		
		00			3. Date Incorporated or Qualifed		
ļ					07/13/1995		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar	pplied For
21 8584 SW 8th STREET 28 13125 SW 5			54	STREET	65-0596338	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					<u> </u>	+	Additional
22 27 City & State					5. Certificate of Status Desired	Fee R	equired
				2710A	6. Election Campaign Financing		May Be
			FCO		Trust Fund Contribution	Added	to Fees
			Country	•	8. This corporation owes the current ye		□No
24 33144 25 29 331 75 30					Personal Property Tax.	Yes	- UNO
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name							
OLIANA TIMA MADIE				Name			
CHAM, TINA-MARIE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
13125 S.W. 54TH STREET			<u> </u>	_			
MIAN	AI FL 33175		83				
			84	City		FL 85 Zip	Code
44 Dursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes, 1	he abov	e-named corpo	pration submits this statement for the purpo	se of changing its	s registered
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: Rec	istered Age	nt signature required	when reinstating) DA	TE	
12. OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	CHAM, RICHARD		1.2 NAME		(1
STREET ADDRESS	13125 S.W. 54TH ST.	1	1.3 STREE	TADORESS	,		1
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	iT-ZIP			
TITLE	STD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	CHAM, TINA-MARIE	-	2.2 NAME				
STREET ADDRESS	13125 S.W. 54TH ST.		2.3 STREE	TADDRESS		•	\ \
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-				1
TITLE	IVII/JVII I C	☐ DELETE	3.1 TITLE	21 2-	·	☐ Change	☐ Addition
NAME	THE SECOND SECOND		3.2 NAME	· <u></u>		5 22 	
STREET ADDRESS				T ADDRESS			}
CITY-ST-ZIP			3.4. CITY-				ļ.,
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				•
STREET ADDRESS				T ADDRESS			Į
			4.4 CITY-5				
CITY-ST-ZIP TITLE	,	□ DELETE	5.1 TITLE	,	•	Change	Addition
1	30.00	_	5.2 NAME				ļ
NAME	***			T ADDRESS			
STREET ADDRESS	·		5.4 CITY-8	l.			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	Addition
		_ 5	6.2 NAME		•		- /
NAME				T ADDRESS			
STREET ADDRESS		•	6.4 CITV-S				

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 peciver 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 changes or or an adjactment with an address, with all other like empowered.

SIGNATURE: