

**FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00**

**FILED**

**Apr 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000049239 (2)**  
 1. Corporation Name  
**INTERNATIONAL CABLE PROCUREMENT, INC.**

Principal Place of Business <b>214 ATLANTIC ISLES NORTH MIAMI BEACH FL 33180</b>	Mailing Address <b>214 ATLANTIC ISLES NORTH MIAMI BEACH FL 33180-4516</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/10/1996</b>	3a. Date of Last Report
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number <b>65-0688264</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**ROSEN, LAWRENCE N  
2925 AVENTURA BLVD  
SUITE 308  
AVENTURA FL 33180**

**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. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE <input type="checkbox"/> DELETE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE	NAME	STREET ADDRESS	CITY - ST - ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>P/S/D</b>
1.2 NAME	<b>WARREN G. CAMPBELL</b>
1.3 STREET ADDRESS	<b>214 ATLANTIC ISLES</b>
1.4 CITY - ST - ZIP	<b>N. MIAMI BEACH FL, 33160-4516</b>
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

**SIGNATURE:** \_\_\_\_\_ **REQUIRED** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/22/97** Daytime Phone # **(305) 949-5525**

CP2E034 (9/96)