## 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

## DOCUMENT # P96000068144 (0)

ABCO CABLING CO., INC.

MAME

STREET ADORESS

CITY ST 2P

Principal Place of Business Mailing Address 1484 NW 31ST ST. 1484 NW 31ST ST. MIAM! FL 33142-6139 MIAMI FL 33142 3a. Date of Last Report 3. Date incorporated or Qualified 08/15/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 65-068*7/2* 2 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country  $2\pi$ 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔀 No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FERNANDEZ, EDUARDO F 81 Name 1484 NW 31ST ST. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33142** 83 City 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12 13. **DPST** DELETE Change \_\_\_ Addition 1.1 TITLE BILLE FERNANDEZ, EDUARDO F 1.2 NAME NAME 1484 NW 31ST ST. STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL 33142 CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS DITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition THE 4.1 TITLE 4. 2 NAME NAMI 4.3 STREET ADDRESS STREET ADDRESS CHTY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ACIDRESS 5 4 City-St-ZiF CITY-ST-ZIP DELETE Change Addition 6.1 TITLE DILE

SIGNATURE: 24-97 (309637-812

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 Statutés. 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP FILED
May 02 1997 8:00am
Secretary of State

