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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000075690 (3)

QUALITY CABLE SUPPLY, INC.

Principal Place of Business Mailing Address 3862 SW 119TH AVE 3862 SW 119TH AVE MIAMI FL 33175 MIAMI FL 33175-3518 3. Date Incorporated or Qualified 3a. Date of Last Report 09/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-070 4876 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 П Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intengible tax under s. 199.032. 25 24 🛛 Yes 🔲 No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRUZ, RAMON JR 3862 SW 119TH AVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33175** 83 84 City 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 fam har with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or protect name of registered agent and 6 ie if applicable INOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change 1.1 TITLE Addition CRUZ, RAMON JR NAME 1.2 NAME 3862 SW 119TH AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33175 CITY-ST ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition Cruz, Teresita NAME 2.2 NAME 3862 SW 119TH AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33175 CITY - ST- ZIP Y-ST-ZIP DELETE 3.1 T Change Addition NAME 3.2 N STREET ADDRESS EET ADDRESS 3.3 9 CHY-ST-7P 3.4. Y-ST-ZIP DELETE TITLE 4.1 Change Addition NAME STREET ADDRESS 4.3 ET ADDRESS DITY - ST - ZiP -\$T-ZIP DELETE 5.1 Change Addition NAMÉ STREET ADDRESS 5.3 9 EET ADDRESS C-TY - ST. ZIP 5.4 CI -ST-ZIP DELETE Change 6.1 T Addition

6.2 NA

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

6.3 STREET ADDRESS

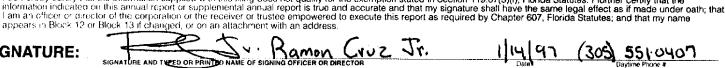
6.4 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS.

City - St - ZiP



FILED

Jan 27 1997 8:00am

Secretary of State