

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JUL 16 PM 2:44

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



DOCUMENT # P97000077146 (3)
 1. Corporation Name
CABLE NETWORK, INC.

Principal Place of Business: 7951 SW 40TH ST, SUITE 206, MIAMI FL 33155
 Mailing Address: 7951 SW 40TH ST, SUITE 206, MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1997
 4. FEI Number: 65-0779454
 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 Zip Country
 25 Country
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 Zip Country
 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SARACE, HUGO D
 7951 SW 40TH ST
 SUITE 206
 MIAMI FL 33155

81 Name: OSVALDO J DIAZ
 82 Street Address (P.O. Box Number is Not Acceptable): 7951 SW 40th STREET
 83 SUITE 206
 84 City: MIAMI FL 85 Zip Code: 33155

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: 4/30/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD OCCHIONERO, HERNESTO M	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCCHIONERO, HERNESTO M	1.2 NAME	300002592283--9
STREET ADDRESS	7951 SW 40TH ST, SUITE 206	1.3 STREET ADDRESS	-07/17/98--01087--002
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	***158.75 ***158.75
TITLE	ST OCCHIONERO, HERNESTO M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCCHIONERO, HERNESTO M	2.2 NAME	
STREET ADDRESS	7951 SW 40TH ST., STE.206	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 in an Attachment with an address.

SIGNATURE: [Signature] DATE: 4/30/98 3052616251

CR2E034 (10/97)