

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

FILED

Jul 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000089289 (7)

1. Corporation Name

CABLESAT TELECOMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

12239 SW 14 LANE SUITE 3312  
MIAMI FL 33184

12239 SW 14 LANE SUITE 3312  
MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1997

4. FEI Number

65-0787972

Applied For

Not Applicable

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 7214 N.W. 31 Street

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FLORIDA

Zip

24 33122

Country

25 USA

2a. Mailing Address

26 7214 N.W. 31 Street

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FLORIDA

Zip

29 33122

Country

30 USA

9. Name and Address of Current Registered Agent

ESCOBAR, ALBERTO  
12239 SW 14 LANE SUITE 3312  
MIAMI FL 33184

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ESCOBAR, ALBERTO  
STREET ADDRESS 12239 SW 14 LANE SUITE 3312  
CITY-ST-ZIP MIAMI FL 33184

TITLE ☒ DELETE

NAME MARTIN ALVAREZ  
STREET ADDRESS 7228 NW 31 Street  
CITY-ST-ZIP MIAMI, FLORIDA 33122

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition

1.2 NAME MATTHEW SCHULMAN  
1.3 STREET ADDRESS 7214 NW 31 Street  
1.4 CITY-ST-ZIP MIAMI, FL 33122

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition

2.2 NAME Alberto ESCOBAR  
2.3 STREET ADDRESS 12239 SW 14 LANE, SUITE 3312  
2.4 CITY-ST-ZIP MIAMI, FL 33184

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

500002579345  
-07/02/98--01073--003  
\*\*\*150.00

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 on an attachment with an address.

SIGNATURE

MATTHEW SCHULMAN

305-436-1015

CR2E034 (10/97)