**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90083 031 \*\*\*150.00

DOCUMENT #	P9800005734	4
Committee Name	<b>F3000000734</b>	4

1, Corporation		00,0						
CABLES	SOLUTIONS, CORP.							
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Principal Place	e of Business	Mailing Address	_					
5207 S.W. 152	CT.	5207 S.W. 152 CT.						
MIAMI FL 33185	<b>i</b>	MIAMI FL 33185			DO NOT WRITE IN THIS	SEDACE		
<b>\</b>					3. Date Incorporated or Qualifed	SPACE		
j					06/26/1998			
<u> </u>		2a. Mailing Address			4. FEI Number	1 40	plied For	
_= '					65-0848343	<u> </u>	Applicable	i
Suite, Apt.	# oto	26 Suite, Apt. #, etc		<del></del>		\$8.75 A		1
	m, etc.	27	• • • •		5. Certificate of Status Desired	Fee Re		ļ
22 City & Stat		City & State		ت ن دخ	- 6. Election Campaign Financing	\$5.00	May Be -	
23	•	28			Trust Fund Contribution	Added to		
Zip	Country	Zip	Cou	ntry	g. This corporation owes the current year in	tangible		
24	[25]	29	30	•	Personal Property Tax.		□No	
-	g. Name and Address of Curren		1551		10. Name and Address of New Registered	Agent		
<del></del>				81 Name			į	
ZAP	ata, diego			82 Street Add	iress (P.O. Box Number is Not Acceptable)			
5207	' S.W. 152 CT.			92 SIIBELAGE	31622 (L.O. Day January is Lan Leveling)			:
MIAN ,	A) FL 33185		l	83			· [	-
1	•			<u> </u>		85 Zip C	· odo	
	g et samme			84 City	Fl	_   ' '	ſ	•
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	les, the at	pove named cor	poration submits this statement for the purpose of	changing its	registered	,
office or r	registered agent, or both, in the State	of Florida, Such change was a	uthorized vida Stab	by the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	intment as reg	Jistered	
,	im izmilitar with, and accept the conga	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.00.			- 1	1
SIGNATURE	Signature, typed or printed name of registered ages	nt and title of applicable. (NOTE	E. Registered	Agent signature requir	red when remailsting) DATE			8
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		RS IN 12	CR2E034 (11/98)
TITLE		□ DELETE	1.1 111	rle	President	Change	Addition	2
NAME			12 NA	ME	Diego Zapata		1	절
STREET ADDRESS	,		1.3 517	REET ADDRESS			Į.	Щ
CITY-ST-20P					5207 SW 152 Court		I	₩.
TITLE			1,40,0	TY-5T-ZIP	5207 SW 152 Court Miami, Florida 3318	<del>}</del>		73
NAME		☐ DELETE	2.1 111			Change	Addition	ᄗ
		DELETE		T.E		Change	Addition	0
STREET ADDRESS		☐ DELETE	2.1 TTT 2.2 NA	T.E		Change	Addition	0
STREET ADDRESS			2.1 TIT 2.2 NA 2.3 ST	TLE ME				ט ו
,		☐ DELETE	2.1 TIT 2.2 NA 2.3 ST	TLE  ME  REET ADDRESS  ITY-ST-ZIP		Change	Addition Addition	0
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CITY-ST-ZIP			2.1 TTT 22 NA 23 STT 2.4 CT 3.1 TTT 32 NA	ILÉ IME REET ADDRESS ITY-ST-ZIP ILE				<u> </u>
CITY-ST-ZIP TITLE NAME			2.1 TIT 22 NA 23 ST 2.4 CI 3.1 TIT 32 NA 33 ST	ILÉ ME REET ADDRESS ITY-ST-ZIP ILE ME		☐ Change	- Addition	<u> </u>
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.1 TIT 22 NA 23 ST 2.4 CI 3.7 TIT 32 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 N/ 4.3 ST	LE ME REET ADDRESS ITY-ST-ZIP LE WE REET ADDRESS ITY-ST-ZIP LE AME		☐ Change	. Addition	0
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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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under osth; 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE: .

NAKE

STREET ADDRESS