

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 28 PM 3:24**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # L79912 (6)**

**1. Corporation Name  
THE FABRE GROUP, INC.**

**Principal Place of Business  
% ERNEST FABRE  
700 BILTMORE WAY, UNIT #1003  
CORAL GABLES FL 33134**

**Mailing Address  
% ERNEST FABRE  
700 BILTMORE WAY, UNIT #1003  
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified: 06/13/1990**  
**3a. Date of Last Report: 05/01/1994**

**4. FEI Number: 65-0254773**  
**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 has liability for intangible tax under S. 199.032, Florida Statutes: [X] Yes [ ] No**

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21. 3191 CORAL WAY</b>	<b>26. 3191 CORAL WAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22. STE. 115-143</b>	<b>27. STE 115-143</b>
City & State	City & State
<b>23. MIAMI FL</b>	<b>28. MIAMI FL</b>
Zip	Country
<b>24. 33145</b>	<b>25. USA</b>
<b>29. 33145</b>	<b>30. USA</b>

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**FABRE, ERNEST  
700 BILTMORE WAY  
UNIT #1003  
CORAL GABLES FL 33134**

<b>B1 Name</b>
<b>B2 Street Address (P.O. Box Number is Not Acceptable)</b> 3191 CORAL WAY STE 115-143
<b>B3</b>
<b>B4 City</b> MIAMI <b>B5 Zip Code</b> FL 33145

**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 re-registering)

DATE

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>FABRE, ERNEST</b>
<b>STREET ADDRESS</b>	<b>700 BILTMORE WAY</b>
<b>CITY - ST - ZIP</b>	<b>CORAL GABLES FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	<b>D. FABRE, ERNEST</b>
<b>1.3 STREET ADDRESS</b>	<b>3191 CORAL WAY STE. 115-143</b>
<b>1.4 CITY - ST - ZIP</b>	<b>MIAMI FL 33145</b>
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY - ST - ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY - ST - ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY - ST - ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY - ST - ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY - ST - ZIP</b>	

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:**

*Ernesto Fabre*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/24/95*

Telephone Number

*(305) 448-2125*