

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

FILED

Mar 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L79912** (6)

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

Principal Place of Business <b>3191 CORAL WAY STE. 115-143 MIAMI FL 33145 US</b>	Mailing Address <b>3191 CORAL WAY STE 115-143 MIAMI FL 33145-3213 US</b>
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3. Date Incorporated or Qualified <b>06/13/1990</b>	3a. Date of Last Report <b>04/19/1996</b>
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2. Principal Place of Business 21 <b>9404 N.W. 13TH STREET</b>	2a. Mailing Address 26 <b>9404 N.W. 13TH STREET</b>
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Suite, Apt. #, etc. 22 <b>BAY # 41</b>	Suite, Apt. #, etc. 27 <b>BAY # 41</b>
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City & State 23 <b>MIAMI, FLORIDA</b>	City & State 28 <b>MIAMI, FLORIDA</b>
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Zip 24 <b>33172-2810</b>	Country 25 <b>DADE</b>	Zip 29 <b>33172-2810</b>	Country 30 <b>DADE</b>
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4. FEI Number <b>65-0254773</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FABRE, ERNEST  
3191 CORAL WAY STE. 115-143  
MIAMI FL 33145**

81 Name <b>FABRE, ERNEST</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>9404 N.W. 13TH STREET, BAY # 41</b>
83
84 City <b>MIAMI</b>
85 Zip Code <b>FL 33172-2810</b>

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: *Ernesto Fabre* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FABRE, ERNEST</b>		1.2 NAME <b>FABRE, ERNEST</b>	
STREET ADDRESS <b>3191 CORAL WAY STE. 115-143</b>		1.3 STREET ADDRESS <b>9404 N.W. 13TH STREET, BAY # 41</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		1.4 CITY-ST-ZIP <b>MIAMI, FL 33172-2810</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>ALVARO FABRE</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>9404 N.W. 13TH STREET, BAY # 41</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>MIAMI, FL 33172-2810</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>SECRETARY, TREASURER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME <b>MIRIAM KROSS</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>9404 NW 13TH STREET, BAY # 41</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>MIAMI, FL 33172-2810</b>	
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 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 information and dated 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* **ERNESTO FABRE, PRES** 1-28-97 (305) 477-7410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #