**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # L79912

THE FABRE GROUP, INC.

FILED									
Mar 22, 1999 8:00 am									
Secretary of State									
02 22 1000 00128 044 ***150 00									

- A BORDINAN ANG PROGRESANTA POLITA NASAR ANG BIRAN BIRAN

Principal Place of Business Mailing Address							• 1101 01017 071			
9404 NW 13TH	ST .	9404 NW 13TH ST				,				
BAY #41		BAY #41				DO NOT WRITE IN THIS SPACE				
MIAMI FL 33172-2810 MIAMI FL 33172-2810 US US						3. Date Incorporated or Qualifed				
00		00			į	06/13/1990				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		L	Appl	ied For
21	المعالب وسيب	26			-	65-0254773	<u> </u>		Not .	Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional   Fee Required				
City & State	City & State	City & State			6. Election Campaign Financing		\$5	00 N	lav Be	
23		28				Trust Fund Contribution		•	ded to	·
Zip	Country Zip			ntry		8. This corporation owes the curre	nt year Inta	ngible		
24	25	29	30			Personal Property Tax.		Yes		] No
	9, Name and Address of Current	t Registered Agent				10. Name and Address of New R	gistered A	gent		
_				81	Name					ļ
	RE, ERNEST			82	Street Address	ss (P.O. Box Number is Not Acceptal	ole)			<del></del>
9404	NW 13TH ST		62 Sireet Addi							
BAY				83						
MIAN	/il FL 33172			0.4	Cit			85	Zip Co	
				84	City		FL	00	Zip Co	,de
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 Stansture, based or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
	Signature, typed or printed name of registered agen	D DIRECTORS	13.	Agent	Signature required t	ADDITIONS/CHANGES TO OFF		DIRE	CTOR	S IN 12
12.	P	D DIRECTORS  DELETE	1.1 111	1E		ADDITIONOISMINATORO TO OTT	IOE/IO/IOI	Cha		☐ Addition
NAME	FABRE, ERNEST	_	1.2 NA	ME	ì					}
	9404 NW 13TH ST BAY #41		1.3 STREET ADDRESS		ADDRESS					ì
STREET ADDRESS										}
CTTY-ST-ZIP TITLE	VP	DELETE	1.4 CITY-5		·zar			☐ Cha	nge	Addition
	FABRE, ALVARO		2.2 NAME						•	ļ
NAME	9404 NW 13TH ST BAY #41				ADDRESS					- (
STREET ADDRESS	MIAMI FL			TY-ST		The second second second second				.
TITLE				LE	-21			Cha	inge	Addition
NAME	KROSS, MIRIAM	<u> </u>	3.2 NA		1					-
STREET ADDRESS	9404 NW 13TH ST BAY#41				ADDRESS					
	MIAMI FL		3.4. C							
CITY-ST-ZIP	BASIN SAME I P	☐ DELETE	4.1 TT					Cha	nge	Addition
NAME			4.2 N							
STREET ADDRESS					ADDRESS					
)			4.4 CF		ì					)
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TR				-	Cha	nge	Addition
NAME		<del></del>	5.2 NA							
STREET ADDRESS			1		ADDRESS					1
ļ l				ry-st-	1					
TITLE , , '		☐ DELETE	6.1 TI					Cha	inge	Addition
NAME ,		<del>-</del>	6.2 NA	ME		-			-	ł
STREET ADDRESS					ADDRESS					1
SIREE I ADURESS	S. 1				71D					į.

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, with all other like empowered.

3-10-19