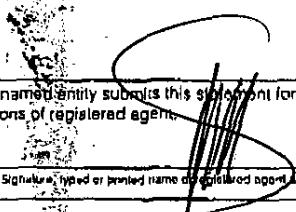
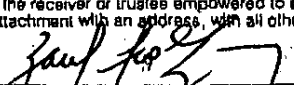


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LOPEZ-G

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**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000001247			
1. Entity Name FABEL CORP.			
Principal Place of Business 395 ALHAMBRA CIRCLE SUITE 301 CORAL GABLES, FL 33134		Mailing Address 395 ALHAMBRA CIRCLE SUITE 301 CORAL GABLES, FL 33134	
2. Principal Place of Business 1570 Madruga Avenue		3. Mailing Address 1570 Madruga Avenue	
Suite, Apt. #, etc. Suite 211		Suite, Apt. #, etc. Suite 211	
City & State Coral Gables, Florida		City & State Coral Gables, Florida	
Zip 33146	Country USA	Zip 33146	Country USA
6. Name and Address of Current Registered Agent LOPEZ-GARCIA, JORGE L 395 ALHAMBRA CIRCLE SUITE 301 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Jorge L. Lopez-Garcia Street Address (P.O. Box Number Is Not Acceptable) 1570 Madruga Avenue Suite 211 City Coral Gables FL Zip Code 33146	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Signature typed or printed name of registered agent and date if applicable.		TOBE L. LOPEZ-GARCIA 4/27/04 (NOTE: Registered Agent signature required when relocating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRAURI, RAUL F <input type="checkbox"/> Delete 395 ALHAMBRA CIRCLE SUITE 301 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Larrauri, Raul F 1570 Madruga Avenue, Suite 211 Coral Gables, Florida 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LARRAURI, FABIANA T 395 ALHAMBRA CIRCLE SUITE 301 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Larrauri, Fabiana T 1570 Madruga Avenue, Suite 211 Coral Gables, Florida 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NARBEBURU, BERTA A 395 ALHAMBRA CIRCLE SUITE 301 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Narbeburu, Berta A 1570 Madruga Avenue, Suite 211 Coral Gables, Florida 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Raul F. Larrauri Dir. 4/27/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 305-662-2525 System Phone #	

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04072004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1079317 Applied For Not Applicable

6. Certificate of Status Desired  \$8.75 Additional Fee Required