

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

**FILED**  
**Mar 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # V65439 (4)**  
 1. Corporation Name  
**FABRE DESIGN GROUP INC.**



Principal Place of Business Mailing Address  
**3191 CORAL WAY** **3191 CORAL WAY**  
**STE 115-143** **STE. 115-143**  
**MIAMI FL 33145** **MIAMI FL 33145-3213**  
**US** **US**

3. Date Incorporated or Qualified **09/21/1992** 3a. Date of Last Report **04/18/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **65-0358313** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FABRE, ERNESTO**  
**700 BILTMORE WAY**  
**SUITE 1003**  
**CORAL GABLES FL 33134**

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

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*

**1-28-97**

Signature typed or printed name of registered agent and title if applicable

(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
NAME	<b>FABRE, ERNESTO</b>
STREET ADDRESS	<b>3191 CORAL AY, STE. 115-143</b>
CITY- ST- ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KAREN MILLER</b>
STREET ADDRESS	<b>700 BILTMORE WAY SUITE 1003</b>
CITY- ST- ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MIRIAM KROSS</b>
STREET ADDRESS	<b>700 BILTMORE WAY SUITE 1003</b>
CITY- ST- ZIP	<b>CORAL GABLES FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>FABRE, ERNESTO</b>
1.3 STREET ADDRESS	<b>9404 N.W. 13TH STREET, BAY # 41</b>
1.4 CITY- ST- ZIP	<b>MIAMI, FL 33172-2810</b>
2.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>KAREN MILLER</b>
2.3 STREET ADDRESS	<b>9404 N.W. 13TH STREET, BAY # 41</b>
2.4 CITY- ST- ZIP	<b>MIAMI, FL 33172-2810</b>
3.1 TITLE	<b>DIRECTOR, SECRETARY, TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MIRIAM KROSS</b>
3.3 STREET ADDRESS	<b>9404 N.W. 13TH STREET, BAY # 41</b>
3.4 CITY- ST- ZIP	<b>MIAMI, FL 33172-2810</b>
4.1 TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ALVARO FABRE</b>
4.3 STREET ADDRESS	<b>9404 NW 13th STREET, BAY # 41</b>
4.4 CITY- ST- ZIP	<b>MIAMI, FL 33172-2810</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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* **ERNESTO FABRE, PRES** **1-28-97** **(305) 477-7410**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)