2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # V65439** 1. Entity Name FABRE DESIGN GROUP INC. 04-17-2001 90146 037 ***150.00 Principal Place of Business Mailing Address 9404 N.W. 13TH STREET., BAY 41 9404 N.W. 13TH STREET.. BAY 41 MIAMI FL 33172 MIAMI FL 33172 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0358313 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FABRE, ERNEST Street Address (P.O. Box Number is Not Acceptable) 9404 N.W. 13TH STREET., BAY 41 **MIAMI FL 33172** Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Addition TITLE ☐ Delete FABRE, ERNEST NAME NAME STREET ADDRESS 9404 N.W. 13TH STREET., BAY 41 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** TITLE ☐ Delete TITLE □ Change ☐ Addition NAME FABRE, ALVARO NAME STREET ADDRESS 9404 N.W. 13TH STREET., BAY 41 STREET ADDRESS CITY-ST-ZIP-MIAMI FL 33172 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition KROSS, MIRIAM NAME NAME STREET ADDRESS STREET ADDRESS 9404 N.W. 13TH STREET., BAY 41 CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIREC

ABRE 4/4/01