

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000001247

**Entity Name:** FABEL CORP.

**Current Principal Place of Business:**

1450 MADRUGA AVENUE  
SUITE 408  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1450 MADRUGA AVENUE  
SUITE 408  
CORAL GABLES, FL 33146 US

**FEI Number:** 65-1079317

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOPEZ-GARCIA, JORGE L  
1450 MADRUGA AVENUE  
SUITE 408  
CORAL GABLES, FL 33146 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name LARRAURI, RAUL F  
Address 1450 MADRUGA AVENUE, SUITE 408  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name LARRAURI, FABIANA T  
Address 1450 MADRUGA AVENUE, SUITE 408  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name NARBEBURU, BERTA A  
Address 1450 MADRUGA AVENUE, SUITE 408  
City-State-Zip: CORAL GABLES FL 33146

Title PRESIDENT  
Name LARRAURI, FABIANA T.  
Address 1450 MADRUGA AVENUE  
SUITE 408  
City-State-Zip: CORAL GABLES FL 33146

Title SECRETARY  
Name CRESPO ERRAMUSPE, FRANCISCO  
Address 1450 MADRUGA AVENUE  
SUITE 408  
City-State-Zip: CORAL GABLES FL 33146

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FABIANA T. LARRAURI

D

03/15/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date