

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

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**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
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DOCUMENT # L79912 (6)
1. Corporation Name
THE FABRE GROUP, INC.



Principal Place of Business 3191 CORAL WAY STE. 115-143 MIAMI FL 33145 US	Mailing Address 3191 CORAL WAY STE 115-143 MIAMI FL 33145-3213 US
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3. Date Incorporated or Qualified 06/13/1990	3a. Date of Last Report 04/19/1996
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2. Principal Place of Business 21 9404 N.W. 13TH STREET	2a. Mailing Address 26 9404 N.W. 13TH STREET
Suite, Apt. #, etc. 22 BAY # 41	Suite, Apt. #, etc. 27 BAY # 41
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33172-2810	Country 25 DADE
Country 29 33172-2810	Country 30 DADE

4. FEI Number 65-0254773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FABRE, ERNEST
3191 CORAL WAY STE. 115-143
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name FABRE, ERNEST
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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE D	NAME FABRE, ERNEST	<input type="checkbox"/>
STREET ADDRESS 3191 CORAL WAY STE. 115-143	CITY- ST- ZIP MIAMI FL	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE PRESIDENT		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME FABRE, ERNEST			
1.3 STREET ADDRESS 9404 N.W. 13TH STREET, BAY # 41			
1.4 CITY- ST- ZIP MIAMI, FL 33172-2810			
2.1 TITLE VICE PRESIDENT		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME ALVARO FABRE			
2.3 STREET ADDRESS 9404 N.W. 13TH STREET, BAY # 41			
2.4 CITY- ST- ZIP MIAMI, FL 33172-2810			
3.1 TITLE SECRETARY, TREASURER		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME MIRIAM KROSS			
3.3 STREET ADDRESS 9404 NW 13TH STREET, BAY # 41			
3.4 CITY- ST- ZIP MIAMI, FL 33172-2810			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 entered 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)