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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000013522 (6)

FABRIS LTD, INC.

## **FILED** May 05 1997 8:00am Secretary of State



Principal Place of Business Malling Address  123 S GOLFVIEW RD  #6 LAKE WORTH FL 33460  PARTICIPATION FL 33460-4249								
					<ol> <li>Date Incorporated or Qualifie</li> <li>02/17/1993</li> </ol>	d <b>3a.</b> Date of Late <b>04/29/199</b>		
2. Principal P	Place of Business 11 S. Wiltgry Tn	• 2a. Mailing Address	P.		4. FEI Number 65-0398264		Applied For Not Applicable	
Suite Apt 22 3C	#. etc. ) a /	Suite, Apt. #, etc.			5. Certificate of Status Desired	Certificate of Status Desired     Section		
City & Stat 23 <b>BOY</b>	nton Brack, Fl.	City & State			Election Campaign Financing     Trust Fund Contribution	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
24 33 4-	36 25 Country	Zip 29	30 Cou	ntry	This corporation has liability f     Florida Statutes	Yes No	er s. 199.032,	
· <b>-</b> ····	9. Name and Address of Curre	nt Registered Agent		041 11	10. Name and Address of New	Registered Agent		
	BRIS, ROMELINO L			81 Name				
123 S GOLFVIEW RD				82 Street	dress (P.O. Box Number is Not Acceptable)			
LAK	(E WORTH FL 33480			83				
				84 City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	utes, the al	ove-named	corporation submits this statement for th	e purpose of changir	ng its registered	
office or r agent. La	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was ations of, Section 607.0505, I	s authorized Florida Stat	d by the cor utes.	poration's board of directors. I hereby ac-	cept the appointment	as registered	
SIGNATURE								
12	Signature, typed or printed name of registered ag	ent and title if applicable. (No ID DIRECTORS	OTE Registered	Agent signatur	e required when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	TORS IN 12	
12.	OFFICERS AN	D DELETE	1.1 10	TLE	ADDITIONS/CHANGES TO OF	Char		
NAME	FABRIS, ROMELINO L		1.2 N/		Fobris Romelino			
STREET ADDRESS	123 S GOLFVIEW RD #6	,		REET ADDRESS	Fabris Komelino Tr	41)#301	1	
CHY-ST-ZIF	LAKE WORTH FL 33460		1.4 CI	TY-ST-ZIP	Bounton Beach Fl.	33436		
TITLE		☐ DELETE	2.1 TI			☐ Chan	nge Addition	
NAME			2.2 N/	ME				
STREET ADDRESS			2.3 ST	REET ADDRESS				
CITY-ST-7IP			2.4C	ITY-ST-ZIP				
THILE		DELETE	3.1 [1	TLE		☐ Char	nge 🔲 Addition	
NAME			3.2 N/					
STREET ADDRESS			3.3 \$1	REET ADDRESS	1			
CiTY+ST-ZiP		AF: 5-5		ITY-ST-ZIP				
Tift(f		☐ DELETE	4.1 Tr			☐ Char	nge [] Addition	
NAME			4.2 N					
STREET ADOPESS				REET ADDRESS				
CITY - SI - 719		☐ DELETE		FY-ST-ZIP		Char	nge Addition	
THRE			51 TI		1	Chai	iAe 🗂 vociii()()	
NAME			52 N					
STREET ADDRESS				REET ADDRESS				
City-St-7:P		☐ DELETE		TY-SY-ZIP		☐ Char	nge Addition	
7 TLE		T DETEIF	6.1 Ti			Char	ige L.J Addition	
NAME			6.2 N/					
STREET ADDRESS				REET ADDRESS	1			
CITY-ST-ZIP	1		6.4 CI	TY-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 consoration 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: