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Jan 21, 1999 8:00am

Secretary of State

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

PROFIT CORPORÂTION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State - DIVISION OF CORPORATIONS

DOCUMENT # P9300049328 1. Corporation Name FAB R-US REALTY CORPORATION						01-21-1999	90074 04:	l ***150.00)
·									
Principal Plac	e of Business	Mailing Address			$\overline{}$		10111 FOLKI OUL	JA BARDAR ARAREN TAHAN	. (164) 1611 1641
2108 SW 57TH		2108.SW 57TH AVE							
MIAMI FL 3315	35	MIAMI FL 33155			- (
					L		RITE IN THI	S SPACE	
•	*				3	 Date Incorporated or Qualife 07/14/1993 	ed		
2. Principal P	Place of Business	2a. Mailing Address			4.	. FEI Number		Ap	plied For
21 26						65-0437283			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						. Certifcate of Status Desired		\$8.75 A	Additional
22 27						. Certificate of Status Desired	ـــا	Fee Re	quired
City & Stat	te	City & State			6.	. Election Campaign Financin	9 🗆	\$5.00	May Be
23		28				Trust Fund Contribution		Added to	o Fees
Zip ──┐	Country	Zip	Country	'	8.	. This corporation owes the co	ırrent year Ir		_
24	25		30			Personal Property Tax.			□No
·	9. Name and Address of Curren	t Registered Agent	81	Name	10	. Name and Address of Nev	/ Registered	Agent	
FABBRICATORE, JAMES				Name		_		•	
2108 SW 57TH AVE				Street A	ddress (F	P.O. Box Number is Not Acce	otable)		
MIAMI FL 33155						25 4 4 22 4 50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100 St # 2 100 St 100	* 1 16 1 15 1 1 2	1 50 164 (401
; .									
•				City			-	85 Zip C	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the all office or registered agent, or both, in the State of Florida. Such change was authorized					ornoratio	an cultimite this statement for th		f changing its	registered
office or r	registered agent, or both, in the State	of Florida. Such change was au	thorized by	the corpor	ation's b	oard of directors. I hereby acc	ept the appo	intment as reç	gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statutes	i.					1
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: I	Registered Age	t signature reg	uired when	reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO C	FFICERS A	ND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			*		☐ Change	Addition
NAME	FABBRICATORE, JAMES 12		1.2 NAME			·			İ
STREET ADDRESS	2108 SW 57TH AVE		1.3 STREE	ADDRESS					
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP					Ì
TITLE	VP	DELETE	2.1 TITLE					☐ Change	☐ Addition
NAME.	FABBRICATORE, ROSEMARY			•					[
STREET ADDRESS	2108 SW 57TH AVE	•	2.3 STREE	ADDRESS					
CITY-ST-ZIP	MAMIFL A A A A A A A A A A A A A A A A A A A			T-ZIP					
TITLE	n T	DELETE	3.1 TITLE					Charige	Addition
NAME	RUSSELL, WAYNE F		3.2 NAME						
STREET ADDRESS	2108 SW 57TH AVE		3.3 STREE	ADDRESS					7. ST.
CITY-ST-ZIP	MIAMI FL'		3.4. CITY-S	T-ZIP					
TITLE	S	☐ DELETE	4.1 TITLE					☐ Change	Addition
NAME STORY	RUSSELL, DEBRA A		4. 2 NAME						
STREET ADDRESS	2108 SW 57 AVE		4.3 STREET	ADDRESS					1
CITY-ST-ZIP	MIAMI FL		4.4 CITY-S	T-ZIP					1
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME			. *			
STREET ADDRESS	, 1		5.3 STREET	ADDRESS		.*			[
CITY-ST-ZIP	to a three control of the control of		5.4 CITY-S	r-zip					
TITLE	Butterfaction of the control of the	DELETE .	6.1 TITLE					Change	Addition
NAME	2천8 31: 3. 5속 가수		6.2 NAME	į.					J

14. 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

OFFICE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/98 (305) 264-6580 Date Daytime Phone #