

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

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Mar 19 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 # P94000002648 (1)
 1. Corporation Name
THE FABRE GROUP II, 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 01/11/1994	3a. Date of Last Report 04/19/1996
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2. Principal Place of Business 21 9404 N.W. 13th STREET Suite, Apt. #, etc. 22 BAY # 41 City & State 23 MIAMI, FL Zip 24 33172-2810	2a. Mailing Address 26 9404 N.W. 13th STREET Suite, Apt. #, etc. 27 BAY # 41 City & State 28 MIAMI, FL Zip 29 33172-2810	Country 25 DADE	Country 30 DADE
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4. FEI Number 65-0490389	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 ERNESTO FABRE 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
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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* **ERNESTO FABRE, PRESIDENT** 1-28-97
Signature, typed or printed name of registered agent and title if applicable (b)(1) Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FABRE, ERNEST		1.2 NAME ERNESTO FABRE	
STREET ADDRESS 3191 CORAL WAY, STE. 115-143		1.3 STREET ADDRESS 9404 N.W. 13th STREET, BAY 41	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP MIAMI, FL 33172-2810	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME ALVARO FABRE	
STREET ADDRESS		2.3 STREET ADDRESS 9404 N.W. 13th STREET, BAY 41	
CITY-ST-ZIP		2.4 CITY-ST-ZIP MIAMI, FL 33172-2810	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE SECRETARY, TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME MIRIAM KROSS	
STREET ADDRESS		3.3 STREET ADDRESS 9404 N.W. 13th STREET, BAY 41	
CITY-ST-ZIP		3.4 CITY-ST-ZIP MIAMI, FL 33172-2810	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: *Ernesto Fabre* **ERNESTO FABRE, PRESIDENT** 1-28-97 (305) 477-7410

CR2E034 (9/96)