

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000012293 (3)

1. Corporation Name

FABEP, INC.

Principal Place of Business

11790 SW 18TH ST  
APT 330  
MIAMI FL 33175

Mailing Address

11790 SW 18TH ST  
APT 330  
MIAMI FL 33175



3. Date Incorporated or Qualified

02/13/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

21 1720 SW Sta. Barbara Pl.

Suite, Apt. #, etc.

2a. Mailing Address

26 P O BOX 151967

Suite, Apt. #, etc.

4. FEI Number

65-0555309

Applied For

Not Applicable

22

City & State

23 CAPE CORAL FL.

27 City & State

28 CAPE CORAL, FL 33915

Zip

24 33914

Country

25 USA

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARRERA DE VESA, FANNY

11790 SW 18TH ST 1720 SW Sta. Barbara Place  
APT 330 CAPE CORAL, FL. 33914  
MIAMI FL 33175

10. Name and Address of New Registered Agent

81

Name

BARRERA DE VESA FANNY

82

Street Address (P.O. Box Number is Not Acceptable)

1720 SW Sta. Barbara Place

83

CAPE CORAL,

84

City

FL

85

Zip Code  
33914

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

Signature, typed or printed name of registered agent and state capital

(NOTE: Registered Agent signature required when not on file)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME BARRERA DE VESA, FANNY  
STREET ADDRESS 11790 SW 18TH ST APT 330  
CITY-ST-ZIP MIAMI FL 33175  
Same as above

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1907(3)(k), 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:

*Fanny Barrera Devesa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FANNY BARRERA DEVESA

DUP

DP

(Election Phrase)

CR2E034 (12/95)