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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000072993

1. Corporation Name

FABRE ENTERPRISES, INC.

Principal P	ace of Business	

10050 SW 47TH ST MIAMI FL 33165

2. Principal Place of Business 10050 SW4

FABRE, JOSE A

10050 SW 47TH ST MIAMI FL 33165

MIAMI FL 33135

29

9. Name and Address of Current Registered Agent

US

24

Mailing Address 880 SW 24TH AVE

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90157 046 ***150.00

	DO NOT WRITE IN THIS SPA	CE	
3.	Date Incorporated or Qualifed	-	
	09/16/1995		
4.	FEI Number		Applied For
	65-0611567		Not Applicable
5.		\$8.75 Additional Fee Required	
6.		\$5.00 May Be Added to Fees	
8.	This corporation owes the current year Intangib Personal Property Tax.	le ′es	.JNo
10.	Name and Address of New Registered Agen	it	
s (P	.O. Bo> Number is Not Acceptable)		
- (-			

85

Zip Code

Name

84 City

Street Address

30

office or	registered agent, or both, in the State of Florida. Such change was a cam familiar with, and accept the obligations of, Section 607.0505, Florida.	thorized by the corpor	ation's board of d	irectors. I hereby accept the aprointment as r	egistered
SIGNATUFE	•				
	Signature, typed or printed name of registered agent and title if applicable. (NOT a:	Registered Agent signature re	<u>. ———</u>	DATE	<u></u>
12.	OFFICERS AND DIRECTORS	13.	ADDITIC	NS/CHANGES TO OFFICERS AND DIRECT	
TITLE	P/D □ DELETE	1.1 TITLE		☐ Change	Addition
NAME	FABRE, JOSE A	1.2 NAME			
STREET ADDRESS	880 SW, 25TH AVENUE, APT 343	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAPILFL	1.4 CITY-ST-ZIP			
TITLE	Jose' A FADRE SDELETE	2.1 TITLE		☐ Change	Addition
NAME	10050 SW 47 ST	2.2 NAME			
STREET ADDRESS	^ .	2 3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FC 33165	2.4 CITY-ST-ZIP			
TITLE	DELETE	31 TITLE		☐ Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	41 TITLE	_	☐ Change	☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS		-4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE	-	☐ Change	Addition
NAME		6.2 NAME			
STREET ADDRESS	3	6.3 STREET ADDRESS			
CITY ST 7ID		6.4 CITY-ST-ZIP			

14. I hereb / certify that the information supplied with this filling 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 thy signature shall have the same legal effect as if made under oath; that I am an indicate of the corporation or the receiver or trustee empowered to execute this report as recuired by Chapter 607. Florida Statutes; and that my name appears in stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information officer or director of the corporation or the receiver or trustee empowered to execute this red Block 12 or Block 13 if changed or on an attachment with an address, with all other like emp