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

FILED
Mar 19 1996 8:00 am
Secretary of State

DOCUMENT # **P96000001290 (1)**

1. Corporation Name
FABULOUS FRAMING, INC.

Principal Place of Business	Mailing Address
1313 PONCE DE LEON BLVD SUITE 301 CORAL GABLES FL 33134	1313 PONCE DE LEON BLVD SUITE 301 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 12/29/1995
3a. Date of Last Report:

2. Principal Place of Business
21 655 N.W. 57th Avenue
Suite, Apt. #, etc. 22
City & State 23 Miami, Florida
Zip 24 33126 Country 25 Dade

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

SANCHEZ-GALARRAGA, JORGE
1313 PONCE DE LEON BLVD
SUITE 301
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Glenn Targac
82 Street Address (P.O. Box Number is Not Acceptable): 655 N.W. 57th Avenue
83
84 City: Miami FL 85 Zip Code: 33126

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: Glenn Targac — DATE: 2/29/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	P ☐ Change ☐ Addition
NAME	~~SANCHEZ-GALARRAGA, JORGE~~	1.2 NAME	Glenn Targac
STREET ADDRESS	~~1313 PONCE DE LEON BLVD SUITE 301~~	1.3 STREET ADDRESS	655 N.W. 57th Avenue
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~	1.4 CITY-ST-ZIP	Miami, Florida 33126
TITLE	☐ DELETE	2.1 TITLE	V-P/D ☐ Change ☐ Addition
NAME		2.2 NAME	Angel M. Ferro
STREET ADDRESS		2.3 STREET ADDRESS	655 N.W. 57th Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, Florida 33126
TITLE	☐ DELETE	3.1 TITLE	Sec./Tres./D ☐ Change ☐ Addition
NAME		3.2 NAME	Julio Ferro
STREET ADDRESS		3.3 STREET ADDRESS	655 N.W. 57th Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Florida 33126
TITLE	☐ DELETE	4.1 TITLE	D ☐ Change ☐ Addition
NAME		4.2 NAME	Eloisa Ferro Morales
STREET ADDRESS		4.3 STREET ADDRESS	655 N.W. 57th Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, Florida 33126
TITLE	☐ DELETE	5.1 TITLE	D ☐ Change ☐ Addition
NAME		5.2 NAME	Simon Ferro
STREET ADDRESS		5.3 STREET ADDRESS	655 N.W. 57th Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, Florida 33126
TITLE	☐ DELETE	6.1 TITLE	700001750317 ☐ Change ☐ Addition
NAME		6.2 NAME	-03/20/96--01006--001
STREET ADDRESS		6.3 STREET ADDRESS	***200.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 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: Glenn Targac, Pres. 2/29/96 (305) 264-2773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #