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Apr 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000034900 (6)

1. Corporation Name  
FABEIDA ENTERPRISES, INC.



Principal Place of Business  
1531 SARAGOSA  
CORAL GABLES FL 33134

Mailing Address  
1531 SARAGOSA  
CORAL GABLES FL 33134-6243

3. Date Incorporated or Qualified  
04/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 2421 SAN DOMINGO  
Suite, Apt. #, etc.

22 City & State

23 CORAL GABLES, FL  
Zip Country

24 33134

25 U.S.A.

2a. Mailing Address

26 2421 SAN DOMINGO  
Suite, Apt. #, etc.

27 City & State

28 CORAL GABLES, FL  
Zip Country

29 33134

30 U.S.A.

4. FEI Number

65-0660431

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

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

EIDA ARTIGAS-ESPINOSA

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

2421 SAN DOMINGO ST.

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/97

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME MONTALVO, FABIAN  
STREET ADDRESS 1531 SARAGOSA  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VSD  
NAME ANTIGAS-ESPINOSA, PIDA  
STREET ADDRESS 1531 SARAGOSA  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE VSD  
2.2 NAME EIDA ARTIGAS-ESPINOSA  
2.3 STREET ADDRESS 2421 SAN DOMINGO  
2.4 CITY-ST-ZIP CORAL GABLES, FL 33134

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0179807

CR2E034 (9/96)