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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT - 1

589596 - 90008 - 11

DOCUMENT # P98000056581

1. Corporation Name
FABRIX U.S.A., CORPORATION

Principal Place of Business	Mailing Address
912 DREW STREET SUITE 103 CLEARWATER FL 33755	912 DREW STREET SUITE 103 CLEARWATER FL 33755

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1998

2. Principal Place of Business	2a. Mailing Address
21 41 N. FT HARISSON AV	26 41 N. FT Harrison Ave
Suite, Apt. #, etc. 22 J	Suite, Apt. #, etc. 27 J
City & State 23 CLEARWATER	City & State 28 Clearwater FL
Zip 24 33755 Country 25 FL	Zip 29 33755 Country 30 Pinellas

4. FEI Number: 59-3521266 ☐ 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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMADJA, JEAN
420 DRUID ROAD
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name: Smadja, Jean Claude
82 Street Address (P.O. Box Number is Not Acceptable): 240 Windward Passage #301
83
84 City: Clearwater FL 85 Zip Code: 33755

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T President	☒ DELETE	1.1 TITLE	President	☐ Change ☐ Addition
NAME	SMADJA, JEAN		1.2 NAME	Smadja, Jean Claude	
STREET ADDRESS	420 DRUID ROAD		1.3 STREET ADDRESS	240 Windward Passage #301	
CITY-ST-ZIP	CLEARWATER FL 34615		1.4 CITY-ST-ZIP	Clearwater, FL 33767	
TITLE	President	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMADJA JEAN CLAUDE		2.2 NAME		
STREET ADDRESS	240 WINDWARD PASSAGE # 301		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33767		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 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			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/96)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — March 17, 99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #