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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # 1. Corporation Name

F.A.B. Consultants Inc.

Principal Place of Business

Mailing Address

Addrage

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90023 034 ***150.00

Note Change of Address		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed 10-	-20-98
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 14341 SW 97 Lane	26 14341 SW 97 La		65-0869472	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	ine	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State Miami Florida	City & State Miami F	lorida	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	- · —	untry"	8. This corporation owes the current year	9
33186 25 USA	29 33186 30	USA	Personal Property Tax.	☐ Yes 😾 No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registe	ered Agent
See Address Cha	nģe	82 Street Addre	rbert Fabio ss (P.O. Box Number is Not Acceptable) 1 Sw 97 Lane	FL 85 Zip Code 33186
11. Pursuant to the provisions of Sections 607 0502	and 607 1508. Florida Statutes, the a			

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. (NC	TE: Registered Agent signature red	cuired when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.	3)			
TITLE	president □ DELETE	1.1 TITLE	☐ Change	Addition		
NAME	£	12 NAME				
STREET ADDRESS	Herbert Fabio	1.3 STREET ADDRESS				
CITY-ST-ZIP	14341 Sw 97 Lane Miami F1 33	3186 _{4 CITY-ST-ZIP}				
TITLE	Treasurer DELETE	2.1 TITLE	☐ Change	☐ Addition		
NAME	Debra Fabio	2.2 NAME				
STREET ADDRESS	14341 Sw 97 Lane Miami Fl	2.3 STREET ADDRESS				
CITY-ST-ZIP	33186	2.4 CITY-ST-ZIP				
TITLE	Secretary DELETE	3.1 TITLE	Change	☐ Addition		
NAME	Carol Clapperton	32NAME				
STREET ADDRESS	220 NE 12th Ave	3.3 STREET ADDRESS		İ		
CITY-ST-ZIP	- Homestead, F1 33030 Classes	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		54 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE	☐ Change	Addition		
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS		ļ		
CITY-ST-ZIP		64 CITY-ST-ZIP				

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 correction of the c

SIGNATURE:

R OR DIRECTOR

CR2E034 (11/98)

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