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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:18

DOCUMENT # N93000001802 (8)

1. Corporation Name
DECOLUX CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
830 EUCLID AVE. MIAMI BEACH FL	C/O PIERRE LA BELLE 830 EUCLID AVE., #7 MIAMI BEACH FL 33139 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1993
3a. Date of Last Report: 02/04/1994
4. FEI Number: 65-0415481 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27) 830 EUCLID AVE #7	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State (23)	City & State (28) MIAMI BEACH FLA.	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) 33139 / Country (30) DADE	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LA BELLE, PIERRE 830 EUCLID AVE. #7 MIAMI BEACH FL 33139	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 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(s) of current 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	P	1.1 TITLE	(P) ☐ Change ☐ Addition
NAME	LA BELLE, PIERRE	1.2 NAME	LABELLE PIERRE
STREET ADDRESS	830 EUCLID AVE., #7	1.3 STREET ADDRESS	830 EUCLID AVE APT #7
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI BEACH FLA. 33139
TITLE	VP	2.1 TITLE	SECRETARY (D) ☒ Change ☐ Addition
NAME	MIRANDA, SILVIO	2.2 NAME	ERIN WILLIAMS
STREET ADDRESS	830 EUCLID AVE., #2	2.3 STREET ADDRESS	826 EUCLID AVE #5
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI BEACH # 33139
TITLE	S	3.1 TITLE	TREASURER (D) ☐ Change ☐ Addition
NAME	NAMETH, ALICIA	3.2 NAME	DONNELLY JAMES
STREET ADDRESS	20515 SW 82 DR	3.3 STREET ADDRESS	826 EUCLID AVE
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	APT #12 - MIAMI BEACH FLA 33139 #
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	DONNELLY, JAMES	4.2 NAME	
STREET ADDRESS	826 EUCLID AVE, #12	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an (A) next to it.

SIGNATURE: _____ PRESIDENT FEBRUARY 3-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007700