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

PROFIT *CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(1)

FILED

Feb 27 1998 8:00am

Secretary of State

DECO TRUSS COMPANY, INC.					
Principal Place	e of Business	Mailing Address		_{ 	
25475 SW 142ND AVE. 25475 SW 142ND AVE.			İ	. •	
PRINCETON FL 33032 PRINCETON FL 33032			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	THIS STACE
				03/14/1983	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26				59-2264360	Not Applicable
─		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 27 City & State Cit		City & State		6. Election Campaign Financing	\$5.00 May Be
		28		Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid th	e current year Intangible
24	25		0	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Currer	nt Registered Agent	04 11	10. Name and Address of New Register	ered Ağent
ESPIENRIA, MARIO R					
25474 SW 142ND AVE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
PRINCETON 33032			83		
			84 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named corpo	pration submits this statement for the purpo	se of changing its registered
agent. I a	egi stere d agent, or both, in the State m fa miliar with, and accept the oblig	of Florida. Such change was au ations of, Section 607.0505, Flori	thorized by the corporation da Statutes.	oration submits this statement for the purpoon's board of directors. I hereby accept the	appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered age OFFICERS AN		Registered Agent signature require	d when reinstating) D/ ADDITIONS/CHANGES TO OFFICERS	AND DIDECTORS IN 12
TITLE	PD OFFICERS AN	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	ESPINIERA, MARIO R.		1.2 NAME		
STREET ADDRESS	18955 SW 270TH		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	STO	☐ DELETE	2.1 TITLE		Change Addition
NAME	ESPINIERA, SONIA		2.2 NAME		
STREET ADDRESS	18955 SW 270TH MIAMI FL		2.3 STREET ADDRESS		
CITY-ST-ZIP	VPD VPD	DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE NAME	ESPINEIRA, MARIO R. JR	C) occess	3.1 TITLE 3.2 NAME		Change C Addition
STREET ADDRESS	18955 SW 270TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		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		L.] Change [_] Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE NAME		L_I DELL'IL	6.2 NAME		ra ouaride - ra vocitión
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	artify that the information expolied w	ith this filing does not qualify for		Section 119 07/3Vi) Florida Statuton I furth	as portifications the information

r nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this 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 carporation 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 attaction int with an address.