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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90098 032 ***150.00

| DOCUMENT # 1. Corporation Name DECOR, INC. | 192713 | | |
|--|--------|--|--|
| | | | |

| DECOR, INC. | · | | | | | |
|---|--|-------|--|---|--------------|---------------------------------------|
| Principal Place of Business | Mailing Address | | | | | |
| M487 HARDING AVE MIAMI BCH. FL 33154 IS | 9487 HARDING AVE MIAMI BEACH FL 33154 US | | | DO NOT WRITE IN THIS S | SPACE | I |
| | | | | 3. Date Incorporated or Qualifed 04/27/1956 | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | 4, FEI Number | L | Applied For |
| a] | 26 | | | 59-0774433 | | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | . 75 Additional ee Required |
| City & State | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | .00 May Be |
| Zip Country 25 | | untry | | This corporation owes the current year Inta Personal Property Tax. | ngible Ve | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered A | gent | | |
| 9. Name and Address of | Current registered rigarit | 81 | Name | | | |
| BERNSTEIN, MARVIN 9487 HARDING AVE | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| MIAMI BCH., FL | | 83 | | | | |
| 33154 | | 84 | City | FL | 85 | Zip Code |
| 11. Pursuant to the provisions of Sections 6 | 607.0502 and 607.1508, Florida Statutes, the | above | e-named corpo | pration submits this statement for the purpose of | changi | ing its registered as registered |

office or registered agent, or both, in the State of Florida. Such change was authorized by 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 require | ed when reinstating) DATE | |
|----------------------|---|--------------------------------------|---|-------------------|
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | IN 12 |
| TITLE | PD DELETE | 1.1 TITLE | ☐ Change | ☐ Additio |
| NAME | BERNSTEIN, MARVIN | 1.2 NAME | | |
| STREET ADDRESS | 9487 HARDING AVE | 1.3 STREET ADDRESS | | |
| • | MIAMI BCH., FL 00000 | 1.4 CITY-ST-ZIP | | |
| CITY-ST-ZIP TITLE | DELETE | 2.1 TITLE | ☐ Change [| Addition Addition |
| | | 2.2 NAME | | |
| NAME | | 2.3 STREET ADDRESS | | |
| STREET ADDRESS | | 2. 4 CITY-ST-ZIP | | |
| CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE | ☐ Change | Additio |
| TITLE | | 3.2 NAME | | |
| NAME | | 3.3 STREET ADDRESS | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | ☐ DELETE | 3.4. CITY-ST-ZIP | [] Change | Additi |
| TITLE | | 1 | | _ |
| NAME | | 4. 2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Change | ☐ Additi |
| TITLE | DELETE | 5.1 TITLE | Criange | |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | - 1.25 |
| TITLE | ☐ DELETÉ | 6.1 TITLE | Change | ☐ Addit |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| GIVEEL VODIVEOO | | CACITY ST 7ID | | |

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. CITY-ST-ZIP

SIGNATURE: