

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 1:54

DOCUMENT # **596628** (8)

1. Corporation Name
DECOR PRODUCTS, INC.

Principal Place of Business
**2134 S.W. 67TH AVE.
BOX 1465 TAMiami STATION
MIAMI FL 33144-9465**

Mailing Address
**7140 SW 19TH ST
BOX 1465 TAMiami STATION
MIAMI FL 33155
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/07/1978** 3a. Date of Last Report **03/24/1994**

4. FEI Number **59-1962669** 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**

7. This corporation has ability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **7140 S.W. 19th St.**

2a. Mailing Address
26 **Box 1465
TAMiami STATION**

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 **Miami, FL Dade**

City & State
28 **Miami, FL 33155**

Zip
24 **33155**

Country
25 **USA**

Zip
29 **33155**

Country
30

9. Name and Address of Current Registered Agent

**BRAHM, EDWIN
7140 SW 19TH AVE
MIAMI FL JL 33155**

10. Name and Address of New Registered Agent

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 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

(Sign for legal or professional registered agent and fee if applicable)

(NOTE: Registered Agent signature required after translation)

(Date)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BRAHM, HARRY
STREET ADDRESS	6351 S.W. 18TH ST.
CITY, ST, ZIP	MIAMI FL
TITLE	DP
NAME	BRAHM, EDWIN
STREET ADDRESS	7140 S.W. 19TH ST.
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.19(07)(b), 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. 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.

SIGNATURE:

EDWIN BRAHM
RIGHTS OFFICER AND FEE TO BE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-95
(Date)

305-266-6115
(Telephone Number)