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

PROFIT **CORPORATION** ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

DECDUNCE COULD INC

FILED Feb 12 1998 8:00am Secretary of State

hear onae andor, mo.					
Principal Place	o of Business	Mailing Address			ITON EKON KILKI OKOK LOBI
Principal Place of Business		•			
20200 NE 10TH PL MIAMI FL 33179		20200 NE 10TH PL MIAMI FL 33179		DO NOT WRITE IN THIS SI	PACE
				3. Date Incorporated or Qualified	102
				04/20/1979	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		22-1929071	Not Applicable
Suite, Apt.	#, etc.	Suile, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre	
24	26	[29]	30		Yes No
	9. Name and Address of Curre	nt Registered Agent	61 Name	10. Name and Address of New Registered A	gent
	ARECH, JOYCE		61 Name		
20200 N.E. 10TH PLACE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
N MIAMI BEACH FL			83		
			63		
			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 Signature, typed or prefiled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	GNAM, RENE		1.2 NAME		
STREET ADDRESS	1 RESPONSE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		1.4 CITY - ST - ZIP		
TITLE	Р	DELETE	2.1 TITLE	l	Change
NAME	WARECH, JOYCE		2.2 NAME		
STREET ADDRESS	20200 NE 10TH PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL		2. 4 CITY-ST-ZIP		
TITLE		T DETELE	3.1 TITLE	L	_ Change
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Laddic-
TITLE		DELETE	4.1 TITLE	ι	Change : L Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Douese	4.4 CITY-ST-ZIP		Change Addition
TITLE		L DELETE	5.1 TITLE	ι	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	54 CITY-ST-ZIP 61 TITLE		Change Addition
NAME			62 NAME	ı	_ Sharge [Accinon
i 1			1		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-ZiP	certify that the information supplied y	with this filing does not qualify	6.4 City-St-ZIP	Section 119.07(3)(i), Florida Statutes, I further cert	ify that the information

reference useruly that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(t). Florida Statutes. I further certify that the information indicated on this annual report or supplimental 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 13 if changed, or or empittachnient with an address.

GNATURE:

GNATURE: