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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000003373 (6)

1. Corporation Name
DECISION STRATEGIES INTERNATIONAL, INC.



Principal Place of Business
801 2ND AVE., STE 1400
NEW YORK NY 10017

Mailing Address
801 2ND AVE., STE 1400
NEW YORK NY 10017-4706

3. Date Incorporated or Qualified 07/14/1995
3a. Date of Last Report 05/31/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 13-3606541		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES 801 NE 187TH ST., STE 300 N MIAMI BEACH FL 33162				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, BART	1.2 NAME	
STREET ADDRESS	801 2ND AVE., STE 1400	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10017	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, CHERYL	2.2 NAME	
STREET ADDRESS	801 2ND AVE., STE 1400	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10017	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REILLY, THOMAS J	3.2 NAME	
STREET ADDRESS	801 2ND AVE., STE 1400	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10017	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFFE, JOSEPH	4.2 NAME	
STREET ADDRESS	595 SUMMER ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT 06901	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VICE PRESIDENT
STREET ADDRESS		5.3 STREET ADDRESS	ERWIN, HUBERT W.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	801 2ND AVE., STE 1400
TITLE		6.1 TITLE	
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0003995

CR2E034 (9/96)