

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

STATE OF FLORIDA
MAY 15, 1995

DOCUMENT # G57873

(3)

1. Corporation Name:

DECOR HOUSE, INC.

Principal Place of Business

8764 SW 40 ST
MIAMI FL 33165

Mailing Address

8764 SW 40 ST
MIAMI FL 33165

(DO NOT WRITE IN THIS SPACE)

2. Principal Office of Residence

21

2a. Mailing Address

26

3. Date Incorporated or Qualified 3a. Date of Last Report
09/01/1983 **05/13/1994**

Residence Apt. # etc.

22

Suite Apt. # etc.

27

CITY, STATE

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CITY & STATE

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4. FEI Number 5. Certificate of Status Details
59-2390502 **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution
 \$5.00 May Be Added to Fees

7. This corporation is subject to restrictions imposed by Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name
82	Street Address if C/O Box Number is Not Acceptable
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 807.0507 and 807.1508, Florida Statute, 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 807.0505, Florida Statute.

SIGNATURE *Shirley Rodriguez ST.*

5-15-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13b	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13c	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13d	4. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13e	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13f	6. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13g	7. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13h	8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13i	9. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13j	10. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13k	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13l	12. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13m	13. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13n	14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13o	15. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13p	16. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in section 111(3)(a) of the Florida Statute. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and 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 807, Florida Statute, and that my name appears in Block 12 or Block 13, changed or on an attachment with an address.

SIGNATURE:

Shirley Rodriguez Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-95 (303) 448-8500
Date Printed