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

DOCUMENT # G57873

1. Corporation Name

DECOR HOUSE, INC.

Principal	Place	of	Business

FILED Feb 11, 1999 8:00 am Secretary of State

02-11-1999 90062 037 ***150.00



Principal Plac	e of Business	Mailing Address					
4420 PONCE DE LEON BLVD. 4420 PONCE DE LEON BL CORAL GABLES FL 33146 CORAL GABLES FL 33146		BLVD.					
		6		DO NOT WRITE IN T	LIE CDACE		
						HIS SPACE	
					3. Date Incorporated or Qualifed		
					09/01/1983		
Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-2390502	No No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 △	dditional
22		27			3. Certificate of Status Desired	Fee Re	quired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	Mav Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip			8. This corporation owes the current year Intangible		
24	25	29	30	•	Personal Property Tax.		□No
24	9. Name and Address of Cu		00	T	10. Name and Address of New Registe	red Agent	
	1144110 0110 11401000 01 00			81 Name			
ROE	ORIGUEZ, SHIRLEY					+ 21	
	25 SW 79TH PLACE			82 Stree	t Address (P.O. Box Number is Not Acceptable)		
	MI FL 33156			20	10 mars - 10 mar	Flacin Sylvin Silvin	100 213 1140
INITAL	MI 1 L 33 130	•		83			
		•		84 City	# 1 7 # 7 Ly 8 1 1 23	85 Zip C	ode
	20.			- ,		FL ``	
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Stati	utes, the a	bove-name	corporation submits this statement for the purpos	e of changing its	registered
office or r	registered agent, or both, in the S	state of Florida. Such change was bligations of, Section 607.0505, F	authonzed Iorida Stati	d by the cor	poration's board of directors. I hereby accept the a	opointment as req	gistered
J	att lattinal with, and accept the of	bilgations of, Section 607.0005, I	ionda otar	olos.			
SIGNATURE	Signature, typed or printed name of registere	in agent and title if applicable (NO	TE: Registered	Agent signature	required when reinstating) DATI	<u> </u>	
12.		S AND DIRECTORS	13.	J- 15	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETÉ	1.1 T	TLE	many many the first of	☐ Change	☐ Addition
NAME	RODRIGUEZ, REMBERTO		12 N/	AME		. *	}
	10425 SW 79TH PLACE			TREET ADDRES	٠.	•	İ
STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL	☐ DELETE	_	ITY-ST-ZIP		[*] Change	Addition
TITLE		□ pere≀e	2.1 ∏				
NAME			2.2 N/	AME		. ? <u>!</u>	
STREET ADDRESS			2.3 \$1	TREET ADDRES		7.77	
CITY-ST-ZIP			2.4 C	ITY-ST-ZIP	<u> </u>		
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NAME			3.2 N	AME			
STREET ADDRESS			3.3 \$1	TREET ADDRES	S	61 (F144) (5.80)	angers et iter
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NAME	#		1				
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CITY-ST-ZIP			4.4 CI	ITY-ST-ZIP	<u> </u>		
TITLE	[D DELETE				Change	□ Addition
NAME	I .	☐ DELETE	5.1 TI			☐ Change	☐ Addition
STREET ADDRESS	1	☐ DELETE	5.1 TI 5.2 N	AME		☐ Change	☐ Addition
CITY-ST-ZIP	175	☐ DELETE	5.1 TI 5.2 N/ 5.3 S1	AME TREET ADORES		☐ Change	·
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			5.1 TI 5.2 N/ 5.3 S1 5.4 CI	AME TREET ADORES ITY-ST-ZIP			
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TITLE			5.1 TI 5.2 NV 5.3 ST 5.4 CI 6.1 TI 6.2 NV	AME TREET ADDRES ITY-ST-ZIP TLE	The state of the s		

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 changled or on an attachinent with an address, with all other like empowered.

SIGNATURE