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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # GOERER



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90021 046 ***150.00

1. Corporation	n Name DECORATIONS, INC.	•				
SWILE D	ECONATIONS, INC.					
Principal Place	e of Rusiness	Mailing Address				
•		4630 NW 102 AVENUE #10	17			
4630 NW 10.2 AVENUE #107 P.O. BOX 52-4204 Miami Fl. 33178		P.O. BOX 52-4204				
MIAMI FL 33178	9	MIAMI FL 33178		DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed 04/19/1984		
2. Principal P	lace of Business	2a. Mailing Address	-	4. FEI Number	Ap	plied For
21		26		59-2424023	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	1
City & 5 tate	re	City & State		6. Electic n Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added 1	, ,
Zip	Country	Zip	Country	8. This exporation owes the current year f	ntangible	
24		29	30	Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	n: Registered Agent		10. Name and Address of New Register	d Agent	
CHE	N NA IEN		81 Name			
	N, JIA JEN) NW 102 AVE		82 Street A id	dress (P.O. Box Number is Not Acceptable)		
	E 107		-			
	/ii FL 33178		83			
141:1-413	WITE 30170		84 City	F'	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.050	0.2 and 607.1508, Florida Statut	es, the above-named cor	rporation subm ts this statement for the purpose	of changing its	registered
office or r agent, I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Fig	uthorized by the corporat rida Statutes.	tion's board of directors. I hereby accept the ap	omment as re	gistered
SIGNATURE	,	,				į
SIGNATURE	Signature, typed or printed name of registered age					
			: Registered Agent signature recuir			
12	OFFICERS AN	NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	OFFICERS AN		13. 1.1 TITLE		AND DIRECTO	RS IN 12
TITLE NAME	PD CHEN, JIA JEN	NO DIRECTORS	13. 1.1 TITLE 1.2 NAME			Addition
TITLE NAME STREET ADDR ESS	OFFICERS AND OFFIC	NO DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			[_] Addition
TITLE NAME STREET ADDR :SS CITY-ST-ZIP	OFFICERS AND OFFICERS AND CHEN, JIA JEN 4630 NW 102 AVE #107 MIAMI FL	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change	Addition
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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 supplementa annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that am an officei or director of the corporation or the receiver or trustee empowered to execute this report as required by Chap er 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on all attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OIL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/99 (305) 477-0033 Date Dayline Phone #