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 # M46602

DECO FASHIONS INC.									
Principal Place of Business Mailing Address							,==,		
1016 EAST 28TH ST 1016 EAST 28TH ST									
HIALEAH FL 33013-3722 HIALEAH FL 33013-3722						DO NOT WRITE IN THIS SPACE			
	÷								
		•	Mailing Address 1016 EAST 28TH ST HIALEAH FL 33013-3722 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/13/1987 4. FEI Number 59-2766080 Suite, Apt. #, etc. 27 City & State 28 City & State 29 Country 30 Country 30 Suite, Apt. # etc. 27 Country 30 Country 40 Country						
2. Principal Plac	ce of Business	2a. Mailing Address					r		
21		26				59-2766080 Not Applica	able		
Suite, Apt. #, etc.		<u> </u>				E Codificate of Statue Decired	•		
City & State						6. Election Campaign Financing 55.00 May Be			
23		28				Trust Fund Contribution Added to Fees	Added to Fees		
Zip	Country		c	ountry					
24	25	29	30			Torona, Topony			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81	Name				
GARCIA, ARSENIO					Street Add	ddress (P.O. Box Number is Not Acceptable)			
1001 EAST 17 ST HIALEAH FL 33010				82	54500 / 100 100 100 100 100 100 100 100 100				
				83					

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

City

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	le. (NOTE	Registered Agent signature require			
12.	OFFICERS AND DIRECTORS	3	13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	GARCIA, ARSENIO		1.2 NAME			
STREET ADDRESS	1001 EAST 17 ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33010		1.4 CITY-ST-ZIP			
IΠLE		☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME			2.2 NAME		•	
STREET ADDRESS	÷		2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE .		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADORESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			· · ·
TITLE	•	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90002 044 ***150.00

Zip Code

85