

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000686 (7)**  
1. Corporation Name  
**THE DECOPLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**100 LINCOLN ROAD MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/09/1992** 3a. Date of Last Report **04/08/1994**

4. FEI Number **65-0390632** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent  
**RITTER, JOHN A  
100 LINCOLN ROAD  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent  
81 Name **DELWOOD MANAGEMENT CO., INC.**  
82 Street Address (P.O. Box Number is Not Acceptable) **4431 S.W. 64th AVENUE**  
83 **SUITE 113**  
84 City **DAVIE** 85 Zip Code **FL 33314**

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 *Jim DeLeo* **Jim DeLeo CAM** 2/22/95  
Signature must be printed in the registered agent's file in application. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PO</b>
NAME	<b>NADAV, FRANCINE</b>
STREET ADDRESS	<b>100 LINCOLN ROAD</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>VD</b>
NAME	<b>VILLALBA, ISABEL</b>
STREET ADDRESS	<b>100 LINCOLN ROAD</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>STD</b>
NAME	<b>BENHAIM, LIZZETTE</b>
STREET ADDRESS	<b>100 LINCOLN ROAD</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ROTHWELL, KENNETH J.</b>
1.3 STREET ADDRESS	<b>100 Lincoln Road, #1011</b>
1.4 CITY - ST - ZIP	<b>Miami Beach, FL 33139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<b>VP/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>NUNEZ, RAYMOND</b>
2.3 STREET ADDRESS	<b>100 Lincoln Road, #632</b>
2.4 CITY - ST - ZIP	<b>Miami Beach, FL 33139</b>
3.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>GONZALEZ-BALBOA, MARCOS</b>
3.3 STREET ADDRESS	<b>100 Lincoln Road, #1047</b>
3.4 CITY - ST - ZIP	<b>Miami Beach, FL 33139</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**REMITTED BY MAY 1**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John A. Ritter* **February 22, 1995 (605) 672-3594**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Type Block #)