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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000686 (7)
1. Corporation Name
THE DECOPLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 100 LINCOLN ROAD MIAMI BEACH FL 33139	Mailing Address 100 LINCOLN ROAD MIAMI BEACH FL 33139
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3. Date Incorporated or Qualified 12/09/1992	
4. FEI Number 65-0390632	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
WEAVER, JOHN D
100 LINCOLN RD
SUITE 113
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
81 Name **Lee Swerdlin**
82 Street Address (P.O. Box number is Not Acceptable) **100 Lincoln Road**
83
84 City **Miami Beach** **FL** **85** Zip Code **33139**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE *[Signature]* DATE **4/28/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOVER, JUAN	
STREET ADDRESS	100 LINCOLN RD PH6	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GAUTIER, RICHARD	
STREET ADDRESS	100 LINCOLN RD 642	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CORREA, JENNY	
STREET ADDRESS	100 LINCOLN RD 1241	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ORAMAS, JOSEPH	
STREET ADDRESS	100 LINCOLN RD 510	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SOL, LEITNER	
STREET ADDRESS	100 LINCOLN RD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Armando Sancho-Rafi	
1.3 STREET ADDRESS	100 Lincoln Rd 904	
1.4 CITY-ST-ZIP	MIAMI, FL 33139	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Correa, Jenny	
3.3 STREET ADDRESS	100 Lincoln Rd 1241	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Oramas, Joseph	
4.3 STREET ADDRESS	100 Lincoln Rd. 510	
4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
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		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/28/98** DAYTIME PHONE #: **672-3594**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)