

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07163 (9)

1. Corporation Name
DECOMA INVESTMENT, INC. I



Principal Place of Business ELEVEN GREENWAY PLAZA SUITE 3106 HOUSTON TX 77046 US	Mailing Address ELEVEN GREENWAY PLAZA SUITE 3106 HOUSTON TX 77046 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/19/1985	4. FEI Number 76-0154871	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Zip	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		
24. Country	29. Country			

9. Name and Address of Current Registered Agent AMERICAN INFOMATION SERVICES INC. ONE SE 3RD AVE 27TH FLOOR MIAMI FL 33131		81. Name	10. Name and Address of New Registered Agent	
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83.		
		84. City	FL	85. Zip Code

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROCHON, RICHARD C.		1.2 NAME	
STREET ADDRESS 450 E. LAS OLAS BLVD., #1500		1.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL 33302		1.4 CITY-ST-ZIP	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EVANS, RICHARD H		2.2 NAME	
STREET ADDRESS 450 E. LAS OLAS BLVD., #1500		2.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL 33302		2.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PIERCE, WILLIAM M		3.2 NAME	
STREET ADDRESS 450 E. LAS OLAS BLVD., #1500		3.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL 33302		3.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAURIA, STEVE M		4.2 NAME	
STREET ADDRESS 450 E. LAS OLAS BLVD., #1500		4.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL 33301		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME VP/S	
STREET ADDRESS		5.3 STREET ADDRESS Richard L. Handley	
CITY-ST-ZIP		5.4 CITY-ST-ZIP 450 E. Las Olas Blvd, #1500	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE Ft Lauderdale, FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a statement with an address.

SIGNATURE _____

CR2E034 (10/97)