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May 11, 1999 8:00 am
Secretary of State

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05-43306

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P07163**

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **450 E. Las Olas Blvd.,**

Suite, Apt. #, etc.

22 **Suite 1400**

City & State

23 **Ft. Lauderdale, FL**

Zip Country

24 **33301**

25

2a. Mailing Address

26 **450 E. Las Olas Blvd.**

Suite, Apt. #, etc.

27 **Suite 1400**

City & State

28 **Ft. Lauderdale, FL**

Zip Country

29 **33301**

30

3. Date Incorporated or Qualified

08/19/1985

4. FEI Number

76-0154871

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**AMERICAN INFOMATION SERVICES INC.
 ONE SE 3RD AVE
 27TH FLOOR
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD ROCHON, RICHARD C.**
 STREET ADDRESS **450 E. LAS OLAS BLVD., #1500**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33302**

TITLE DELETE

NAME **VPS HANDLEY, RICHARD L**
 STREET ADDRESS **450 E LAS OLAS BLVD, STE 1500**
 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE DELETE

NAME **V PIERCE, WILLIAM M**
 STREET ADDRESS **450 E. LAS OLAS BLVD., #1500**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33302**

TITLE DELETE

NAME **ST DAURIA, STEVE M**
 STREET ADDRESS **450 E. LAS OLAS BLVD., #1500**
 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

450 E. Las Olas Blvd., #1400

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**VPT
 450 E. Las Olas Blvd., #1400**

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven M. Dauria 4-30-99 954-712-1300
 Date Daytime Phone #

CR2E034 (1/198)