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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07413

(8)

DECO MANAGERS, INC.

Principal Place of Business
%MARTIN S. MAJOR

2. Principal Place of Business

152 W 57TH ST

NEW YORK NY 10019

SIGNATURE:

%MARTIN S. MAJOR 152 W 57TH ST NEW YORK NY 10019

Mailing Address

2a. Mailing Address.

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified

09/13/1985

Suite. Apt. #, etc. Suite. Apt. #, etc. Suite.	21 % U	Than Crows 26 % Ur	ban	Grova	13-3240037	Not Applicable	
Fee Required Solity & State State				1			
23			573	<u> </u>	5. Certificate of Olatos Desired	Fee Required	
24 OO 1 9 25 O.S.A 29 OO 1 9 30 U.S.A Personal Property Tax due June 30. Yes No No No No No No No N	City & State		-k.1	JY			
GROSS, SAUL STREAMINE PROPERTIES 1125 WASHINGTON AVENUE MIAMI BEACH FL 33139 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florids Statutes, and the familiar with, and accept the obligations of, Section 607,0505, Florids Statutes, and the familiar with, and accept the obligations of, Section 607,0505, Florids Statutes, and the familiar with, and accept the obligations of, Section 607,0505, Florids Statutes, and the familiar with, and accept the obligations of, Section 607,0505, Florids Statutes, and the familiar with, and accept the obligations of, Section 607,0505, Florids Statutes, and the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of statutes, and the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of statutes, and the corporations of different statutes and the familiar registered agent. I am familiar with, and accept the obligations of statutes, and the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of statutes, and the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of statutes, and the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and ac				Country	8. This corporation owes or has paid the co		
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STRET ADDRESS (P.O. Box Number is Not Acceptable) 112 WASHINGTON AVENUE MIAMI BEACH FL 33139 133 144 City 15		9. Name and Address of Current Registered Agent			10. Name and Address of New Registered	I Agent	
11.25 WASHINGTON AVENUE MIAMI BEACH FL 33139 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 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, 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, and accept the obligations of, Sections 607.0503 [horida Statutes.] SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE VSD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES YO OFFICERS AND DIRECTORS IN 12 TITLE VSD MALMAN, ARTHUR 12. NAME MALMAN, ARTHUR 12. NAME MALMAN, ARTHUR 13. SIRECT ADDRESS 152. W. 57 STREET 13. SIRECT ADDRESS 152. W. 57 STREET 13. SIRECT ADDRESS 25. City-st-purp NEW YORK NY 14. STREET ADDRESS CITY-ST-ZIP NAME MALMIN BEACH FL 12. NAME MALMIN BEACH FL 13. SIRECT ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP MALMIN BEACH FL 14. STREET ADDRESS CITY-ST-ZIP 152. WASHINGTON AVE. 152. WASHINGTON AVE. 153. SIRECT ADDRESS CITY-ST-ZIP MALMIN BEACH FL 154. STREET ADDRESS CITY-ST-ZIP 155. WASHINGTON AVE. 155. WASHINGTON AVE. 155. WASHINGTON AVE. 155. WASHINGTON AVE. 156. WASHINGTON AVE. 157. ST-ZIP 158. WASHINGTON AVE. 159. STREET ADDRESS 159. WASHINGTON AVE. 140. STREET ADDRESS 150. WASHINGTON AVE. 150. STREET ADDRESS 151. STREET ADDRESS 152. WASHINGTON AVE. 153. STREET ADDRESS 154. STREET ADDRESS 155. STREET ADDRESS 157. ST-ZIP 1THE 158. STREET ADDRESS 159. STREET ADDRESS 159. STREET ADDRESS 159. STREET ADDRESS 150. STREET AD		·	1	81 Name			
MIAMI BEACH FL 33139 83	ł ·			82 Street Address (P.O. Box Number is Not Acceptable)			
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12							
12. OFFICERS AND DIRECTORS ITILE VSD MALMAN, ARTHUR 152 W. 57 STREET NEW YORK NY INEW YORK NY	SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: B	ogistered Agent signature require	d when reinstating) DATE		
TITLE VSD			1			ID DIRECTORS IN 12	
NAME MALMAN, ARTHUR 12 NAME 13 STREET ADDRESS 152 W. 57 STREET 13 STREET ADDRESS 14 CITY-57-ZIP	TITLE	V\$D DELETE		1.1 TITLE V			
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NEW YORK NY	STREET ADDRESS	•	i i	1.3 STREET ADDRESS >.<			
TITLE			'			,	
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STREET ADDRESS 152 W 57TH ST		VDT DELETE		3.1 TITLE		Change Addition	
DELETE NEW YORK NY 3.4. CITY-ST-ZIP	NAME	MAJOR, MARTIN		3.2 NAME			
DELETE	STREET ADDRESS	152 W 57TH ST		3.3 STREET ADDRESS			
A 2 NAME	CITY-ST-ZIP	NEW YORK NY	i	3.4, CITY-ST-ZIP			
A 3 STREET ADDRESS A 4 CITY - ST - ZIP Addition	TITLE	L. DELETE		4.1 TITLE		Change Addition	
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CITY_ST_ZIP	NAME			5.2 NAME		}	
TITLE DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY_ST_ZIP 6.4 CITY_ST_ZIP	STREET ADDRESS			5.3 STREET ADDRESS			
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64 CITY_S1_7 IP	NAME			6.2 NAME			
6.4 CITY-S1-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 typicles empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	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 the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	CITY - ST - ZIP	100000		6.4 CITY-ST-ZIP			
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	14. I hereby c	erlify that the information supplied with this filing does not qual on this applied report is true and	ify for th	ne exemption stated in Stated in State and that my signature	section 119,07(3)(i), Florida Statutes. I further one shall have the same legal effect as if made up	ertify that the information of	
	officer or o	director of the corporation or the receiver or tractee empowerer	to exe	cute this report as requi	red by Chapter 607, Florida Statutes; and that	my name appears in	

REQUIRED