

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 30 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09249 (4)
1. Corporation Name
DECOMA INVESTMENT, INC. II



Principal Place of Business Mailing Address
11 GREENWAY PLAZA SUITE 3106 HOUSTON TX 77046 **11 GREENWAY PLAZA SUITE 3106 HOUSTON TX 77046-1105**

3. Date Incorporated or Qualified **02/25/1986** 3a. Date of Last Report **08/07/1996**
4. FEI Number **76-0156358** 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**
8. This corporation has liability for intangible tax under s. 199.032, 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 25 29 30

9. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
1 S.E. 3RD AVENUE
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROCHON, RICHARD C	
STREET ADDRESS	200 S. ANDREWS AVE., 6TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MORSE, STEPHEN R	
STREET ADDRESS	200 S. ANDREWS AVE., 6TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BRANDEN, ORIS V	
STREET ADDRESS	200 S. ANDREWS AVENUE, 6TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	V S	<input type="checkbox"/> DELETE
NAME	PIERCE, WILLIAM M	
STREET ADDRESS	200 S. ANDREWS AVENUE, 6TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	SA	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard C. Rochon	
1.3 STREET ADDRESS	450 E. Las Olas Blvd #1500	
1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33301	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard H. Evans	
2.3 STREET ADDRESS	450 E. Las Olas Blvd #1500	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	500002160995-18	
3.3 STREET ADDRESS	-05/01/97--01001--019	
3.4 CITY-ST-ZIP	***1155.00 ****185.00	
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William M. Pierce	
4.3 STREET ADDRESS	450 E. Las Olas Blvd #1500	
4.4 CITY-ST-ZIP	Ft. Lauderdale FL 33301	
5.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Steve M. Dauria	
5.3 STREET ADDRESS	450 E. Las Olas Blvd #1500	
5.4 CITY-ST-ZIP	Ft. Lauderdale FL 33301	
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 do 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.

SIGNATURE: *William M. Pierce* 4/20/97 954-627-5037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)