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May 11, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

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

Principal Place of Business: 11 GREENWAY PLAZA SUITE 3106 HOUSTON TX 77046
 Mailing Address: 11 GREENWAY PLAZA SUITE 3106 HOUSTON TX 77046



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 450 E. Las Olas Blvd., Suite 1400, Ft. Lauderdale, FL 33301
 2a. Mailing Address: 26 450 E. Las Olas Blvd., Suite 1400, Ft. Lauderdale, FL 33301

3. Date Incorporated or Qualified: 02/25/1986
 4. FEI Number: 76-0156358
 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 owes the current year Intangible Personal Property Tax: Yes

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, 83, 84 City, 85 Zip Code: FL

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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ROCHON, RICHARD C 450 E. OLAS BLVD., #1500 FT. LAUDERDALE FL 33301	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPS HANDLEY, RICHARD L 450 E. LAS OLAS BLVD., #1500 FT. LAUDERDALE FL 33301	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V PIERCE, WILLIAM M 450 E. LAS OLAS BLVD., #1500 FT. LAUDERDALE FL 33301	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	450 E. Las Olas Blvd. #1400
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	ST DAURIA, STEVE M 450 E. LAS OLAS BLVD., #1500 FT. LAUDERDALE FL 33301	4.1 TITLE	VPT
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	450 E. Las Olas Blvd., #1400
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 an attachment with an address, with all other like empowered.

SIGNATURE: Steven M. Dauria Steven M. Dauria 4-30-99 954-712-1300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)