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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000045319 (9)

1. Corporation Name

DECOLORS CONTRACTORS, INC.

Principal Place of Business

Mailing Address

~~10018 S.W. 145TH CT.~~
~~MIAMI FL 33186-6945~~

~~10018 S.W. 145TH CT.~~
~~MIAMI FL 33186-6945~~



3. Date Incorporated or Qualified

06/28/1993

3a. Date of Last Report

03/21/1996

2. Principal Place of Business

21 13072 S.W. 132nd Ct.

2a. Mailing Address

26 13072 S.W. 132nd Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Miami - Florida

27 City & State

28 Miami - Florida

Zip

24 33186

Country

25 U.S.A.

Zip

29 33186

Country

30 U.S.A.

4. FEI Number

65-0419619

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAMUR, VILMA

~~10018 S.W. 145TH CT.~~

~~MIAMI FL 33186-6945~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13072 S.W. 132nd Court

83

84 City

Miami - FL 33186

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME IBARRA, GERMAN
STREET ADDRESS 10318 S.W. 145TH CT.
CITY- ST- ZIP MIAMI FL 33186-6945

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE ST
NAME SAMUR, VILMA
STREET ADDRESS 10318 S.W. 145TH CT.
CITY- ST- ZIP MIAMI FL 33186-6945

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
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 address.

SIGNATURE:

Vilma Samur - Vilma Samur 2/23/99 (305) 278-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)