03-11-1999 90058 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300052675

1. Corporation Name

DECI INV	ESTMENTS, INC.					
Principal Place	e of Business	Mailing Address				\$ 10011001: If a 10100 title out to deter about about about about and about cases out to se
10174 WEST FLAGLER ST MIAMI FL 33174 US 10174 WEST FLAGLER ST MIAMI FL 33174 US US						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						07/28/1993
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						65-0427172 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· ·			5. Certificate of Status Desired
22 27 City & State City & State						6. Election Campaign Financing \$5.00 May Be
·	e	<u>⊢</u> , ·				Trust Fund Contribution Added to Fees
23 Zip	Country	Zip	Countr	~		8. This corporation owes the current year Intangible
24	25	29 30	_			Personal Property Tax. Yes No 10. Name and Address of New Registered Agent
	g. Name and Address of Curren	t Registered Agent	8	4 1	Name	10. Name and Address of New Registered Agent
	S, JOHN ESQ		L			ess (P.O. Box Number is Not Acceptable)
10174 WEST FLAGLER ST MIAMI FL 33174			8:			
			8		City	85 Zip Code
			1		-	FL is 20 code
office or re agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	or Fiorida. Such change was autr	norizea o	y un	named corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	of and title if applicable. (NOTE: R	eaistered Aa	ent s	anature required	d when reinstating) DATE
12.	_ 	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE	:	T	Change Addition
NAME	ELIAS, JORGE		1.2 NAME	Ę		
STREET ADDRESS	10174 WEST FLAGLER ST		1.3 STRE	FTAI	DORESS	*
CITY-ST-ZIP	MIAMI FL 33174		1.4 CITY-5			
TITLE	VP	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	ELIAS, SANTIAGO		2.2 NAME			
STREET ADDRESS	10174 WEST FLAGLER ST		2.3 STREE 2. 4 CITY-5		DDRESS	
CITY-ST-ZIP	MIAMI FL 33174					
TITLE	T	☐ DELETE	3 1 TITLE			☐ Change ☐ Addition
NAME	TAMARGO, MARIA		3 2 NAME	E		
STREET ADDRESS	10174 WEST FLAGLER ST		3.3 STREET		DDRESS	
CITY-ST-ZIP	MIAMI FL 33174		3.4. CITY-			
TITLE	S	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	SANTANA, MERCEDES		4. 2 NAM	ΙE		
STREET ADDRESS	10174 WEST FLAGLER ST		4.3 STRE	ETA	DORESS	
CITY-ST-ZIP	MIAMI FL 33174		4.4 CITY-	-\$T-Z	ZIP	
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	E		
STREET ADDRESS			5.3 STRE	ET A	DDRESS	
CITY-ST-ZIP			5.4 CITY	-ST-Z	ZIP	
TITLE		☐ DELETE	6.1 TITLE	Ξ		☐ Change ☐ Addition
NAME			6.2 NAME	E		
STREET ADDRESS			6.3 STRE	ET A	DDRESS	

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.

6.4 CITY-ST-ZIP

SIGNATURE: 1

STREET ADDRESS

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

3-08-99

305-NY-