

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

DOCUMENT # P93000065936 (5)

1. Corporation Name
DECORATOR DIGS, INC.

Principal Place of Business

4044 ESTEPONA AVE.
MIAMI FL 33178

Mailing Address

4044 ESTEPONA AVE.
MIAMI FL 33178-2343

FILED
Jun 18 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/17/1993		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0439565		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

STEWART, DONNARAE K
13350 SW 128TH ST.
SUITE A
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name BECKFORD, ALLISON
82 Street Address (P.O. Box Number is Not Acceptable)
410 VIA DE PALMAS, SUITE #82,
83 ROYAL PALM PLAZA,
84 City BOCA RATON, FL 85 Zip Code 33432

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

07 JUNE 1997

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECKFORD, LUDLOW			1.2 NAME	BECKFORD, LUDLOW		
STREET ADDRESS	4044 ESTEPONA AVE.			1.3 STREET ADDRESS	410 VIA DE PALMAS, SUITE 82		
CITY-ST-ZIP	MIAMI FL 33178			1.4 CITY-ST-ZIP	BOCA RATON, FL 33432		
TITLE	DYST	<input type="checkbox"/> DELETE		2.1 TITLE	DYST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECKFORD, ALLISON			2.2 NAME	BECKFORD, ALLISON		
STREET ADDRESS	4044 ESTEPONA AVE.			2.3 STREET ADDRESS	410 VIA DE PALMAS, SUITE 82		
CITY-ST-ZIP	MIAMI FL 33178			2.4 CITY-ST-ZIP	BOCA RATON, FL 33432		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 in an attachment with an address.

CR2E034 (9/96)