May 03, 1999 8:00 am Secretary of State

05-03-1999 90017 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000011755

1. Corporation Name

DECO C	UNCHETE BUILDERS, INC.									
Principal Place	e of Business	Mailing Address		<u>·</u>			IEII: BIEI BEII GOIG		 	Attit Aitt iaai
13052 SW 133R	•	13052 SW 133RD CT								
MIAMI FL 33186 MIAMI FL 33186										
						3. Date Incorporat	DO NOT WRITE	E IN THIS	SPACE	——
						02/11/1994	ed or Qualited			ļ
- D-i	lana of Business	2a. Mailing Address				4. FEI Number			Anr	plied For
	ace of Business	<u>├</u>				65-0470884			<u> </u>	t Applicable
Suite, Apt. i	# atc	Suite, Apt. #, etc.						_	\$8.75 A	
22	, o.c.	27				5. Certificate of Sta	atus Desired		Fee Re	
City & State	9	City & State		_		6. Election Campa	aign Financing		\$5.00	May Be
23		28				Trust Fund Con	•		Added to	- }
Zip	Country	Zip	Coun	try		8. This corporation	n owes the curre	nt year Inta	angible	/
24	25	29	30			Personal Prope	rty Tax.		Yes	₾‰
	9. Name and Address of Curren	t Registered Agent				10. Name and Add	ress of New Re	gistered /	Agent	
DEDI	TDAN OUDEN		ļ	31 Name	•					
	TRAN, RUBEN		f	32 Stree	t Addres	ss (P.O. Box Number	is Not Acceptab	ole)		
13052 SW 133RD CT					 					
MIAN	Al FL 33016			33						
ı	*		}	34 City					85 Zip C	ode
				'				FL		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthorized	ov the con	d corpoi poration	ration submits this sta 's board of directors.	atement for the p I hereby accept	urpose of the appoir	changing its itment as reg	registered gistered
SIGNATURE										
JONATONE										
	Signature, typed or printed name of registered ager			gent signature	required v	when reinstating)	NICED TO CEE	DATE ICEDS AN	D DIRECTO	DC IN 42
12.	OFFICERS AN	ID DIRECTORS	13.			when reinstating) ADDITIONS/CH/	ANGES TO OFF			
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #