FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000041534 (6)**

1. Corporation Name
DECOR DEPOT, INC.

Principal Place of Business	Mailing Address
1450 HARBOUR DRIVE LONGWOOD FL 32750	1450 HARBOUR DRIVE LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/31/1994
3a. Date of Last Report:

21 2. Principal Place of Business	3895 LAKE EMMA RD.
22 Suite, Apt. #, etc.	Suite 111
23 City & State	LAKE MARY, FLORIDA
24 Zip / 25 Country	32746 / U.S.A
26 2a. Mailing Address	3895 LAKE EMMA RD.
27 Suite, Apt. #, etc.	Suite 111
28 City & State	LAKE MARY, FLORIDA
29 Zip / 30 Country	32746 / U.S.A

4. FEI Number: 59-3249712 ☐ 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
GREENBERG, WILLIAM A 6500 SOUTH U.S. 17-92 FERN PARK FL 32730	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ORDONEZ, LUIS R	12 NAME	
STREET ADDRESS	302 GENERAL VALERO	13 STREET ADDRESS	
CITY-ST-ZIP	FAJARDO, PUERTO RICO 00738	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	RUIZ, NOBERTTO	22 NAME	
STREET ADDRESS	1450 HARBOUR DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	RUIZ, LIZA O	32 NAME	
STREET ADDRESS	1450 HARBOUR DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ORDONEZ, JAIME	42 NAME	
STREET ADDRESS	387 AMETHYST COURT	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ORDONEZ, ALEXANDRA F	52 NAME	
STREET ADDRESS	BATEY CENTRAL #2	53 STREET ADDRESS	
CITY-ST-ZIP	FAJARDO, PUERTO RICO 00738	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ORDONEZ, LUIS II	62 NAME	
STREET ADDRESS	BATEY CENTRAL #2	63 STREET ADDRESS	
CITY-ST-ZIP	FAJARDO, PUERTO RICO 00738	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: NORBERTO RUIZ 04/26/95 (407) 444-9009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040780 CP