

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 13 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 # P94000041534 (6)**

1. Corporation Name  
**DECOR DEPOT, INC.**



Principal Place of Business  
**3885 LAKE EMMA ROAD  
 SUITE 111  
 LAKE MARY FL 32746  
 US**

Mailing Address  
**3885 LAKE EMMA ROAD  
 SUITE 111  
 LAKE MARY FL 32746-3342  
 US**

3. Date Incorporated or Qualified **05/31/1994** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Z-p Country  
 24 25 26 27 28 29 30

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**  
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**RUIZ, NORBERTO A  
 1450 HARBOUR DRIVE  
 LONGWOOD FL 32750**

10. Name and Address of New Registered Agent  
 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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ORDONEZ, LUIS R</b>	
STREET ADDRESS	<b>302 GENERAL VALERO</b>	
CITY-ST-ZIP	<b>FAJARDO, PUERTO RICO 00738</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RUIZ, NORBERTO</b>	
STREET ADDRESS	<b>1450 HARBOUR DRIVE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RUIZ, LIZA O</b>	
STREET ADDRESS	<b>1450 HARBOUR DRIVE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ORDONEZ, JAME</b>	
STREET ADDRESS	<b>387 AMETHYST COURT</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ORDONEZ, ALEXANDRA F</b>	
STREET ADDRESS	<b>BATEY CENTRAL #2</b>	
CITY-ST-ZIP	<b>FAJARDO, PUERTO RICO 00736</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ORDONEZ, LUIS II</b>	
STREET ADDRESS	<b>BATEY CENTRAL #2</b>	
CITY-ST-ZIP	<b>FAJARDO, PUERTO RICO 00736</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**800002189178**  
**-05/23/97--01005--006**  
**\*\*\*165.00**

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 the attachment with an address.

SIGNATURE: **NORBERTO A. RUIZ** **4/25/97** (407) 444 9009  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E03 : (9/96)