

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).


APPROVED
AND
FILED

98 OCT 21 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0019105

PROFIT CORPORATION - ANNUAL REPORT 1998



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

DOCUMENT # **P94000041534 (6)**
 1. Corporation Name
DECOR DEPOT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 3895 LAKE EMMÁ ROAD SUITE 111 LAKE MARY FL 32746 US
 3895 LAKE EMMA ROAD SUITE 111 LAKE MARY FL 32746 US

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified
05/31/1994

4. FEI Number **59-3249712**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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 **Jaime J. ORdonez**

82 Street Address (P.O. Box Number is Not Acceptable)
3895 Lake Emma Rd, Suite 111

83

84 City **Lake Mary** FL 85 Zip Code **32746**

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]* DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **900002674299--0**

1.3 STREET ADDRESS **-10/28/98--01047--021**

1.4 CITY-ST-ZIP *******550.00 *****550.00**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

[Handwritten: 10/21]

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.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 407-444-9009

CR2E034 (5/98)