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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000072256**

Principal Place of Business

DECO WALLS BY RAMIRO, INC.

3960 W 16TH AV HIALEAH FL 3301 US	.* 	3960 W 16TH AVE HIALEAH FL 33012 US			DO NOT WRITE IN THIS S 3. Date Incorporated or Qualifed 09/28/1994 4. FEI Number		plied For
2. Principal Pla	ice of Business	26	, maining reasons		65-0524941		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
_ ` ` `	·, 610.	27			5. Ceruicate of States Desired	Fee Re	<u> </u>
City & State		City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intar	ngible Oves	□No
24	25	29 3	30		Personal Property rax.		□NU
	9. Name and Address of Currer	nt Registered Agent		 _	10. Name and Address of New Registered A	gent	
			81	Name			
	RERO, RAMIRO		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	W. 72ND STREET					<u> </u>	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
HIALE	EAH FL 33014		83	3		771 1 	
			84	City	P	85 Zip (Code
					poration submits this statement for the purpose of cion's board of directors. I hereby accept the appoint		ragistared
agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 607.0505, Florid	da Statute	S	red when reinstating) DATE	.	
		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12
12	DP	☐ DELETE	1,1 TITLE			Change	☐ Addition
TITLE	BARRERO, RAMIRO		1.2 NAME				
NAME	1301 W. 72ND STREET		1.3 STRE	ET ADDRESS			
STREET ADDRESS	HIALEAH FL 33014		1.4 CITY-	ST-ZIP			
CITY-ST-ZIP	DS	☐ DELETE	2.1 TITLE			Change	☐ Addition
TITLE	· · · · · · · · · · · · · · · · · ·	_	2.2 NAME				
NAME	BARRERO, DELIA 1301 W. 72ND STREET			ET ADDRESS			
STREET ADDRESS			2. 4 CITY	1			
CITY-ST-ZIP	HIALEAH FL 33014	☐ DELETE	3.1 TITLE		-	Change	☐ Addition
TITLE			3.2 NAME	Į.			
NAME				ET ADDRESS	e e ex	100	
STREET ADDRESS			3.4. CITY		· · · · · · · · · · · · · · · · · · ·		<u> </u>
CITY-ST-ZIP		DELETE	4.1 TITLE			☐ Change	Addition
TITLE			4. 2 NAM				
NAME			ı	ET ADDRESS			
STREET ADDRESS			4.3 STR		·		
CITY-ST-ZIP		☐ DELETE	5.1 TITU			Change	Addition
TITLE			5.2 NAM	I .		,	
NAME			1	ET ADDRESS	•		
STREET ADDRESS				-ST-ZIP			
CITY-ST-ZIP		DELETE	6.1 TITL			Change	Addition
TITLE			6.1 NAM			_	
NAME				EET ADDRESS			
STREET ADDRESS	\$						
OUTS OF THE	1		6.4 CITY	-ST-ZIP			

SIGNATURE:

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 of 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.

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90073 036 ***150.00