

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT.  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
(Secretary of State)  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000017354**

1. Corporation Name  
**Decomar Corp.**

Principal Place of Business Mailing Address  
**2270 S.W. 131 COURT P95000017354**  
**MIAMI, FL. 33175**

3. Date Incorporated or Qualified **3/2/95** 3a. Date of Last Report  
4. FEI Number **65-0560975** 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

2. Principal Place of Business 2a. Mailing Address  
21 **2270 S.W. 131 CT.** 26 Suite, Apt. #, etc.  
22 City & State 27 Suite, Apt. #, etc.  
23 **MIAMI, FL.** 28 City & State  
24 Zip **33175** 25 Country **U.S.A.** 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**EDUARDO CORDAN**  
**2270 S.W. 131 COURT**  
**MIAMI, FL. 33175**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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, am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **3/21/96**  
Sign name, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PRESIDENT &amp; V.P.</b>	<input type="checkbox"/>
NAME	<b>EDUARDO CORDAN</b>	
STREET ADDRESS	<b>2270 S.W. 131 CT.</b>	
CITY-ST-ZIP	<b>MIAMI, FL. 33175</b>	
TITLE	<b>SECRETARY &amp; TREASURER</b>	<input type="checkbox"/>
NAME	<b>JOSE DELGADO</b>	
STREET ADDRESS	<b>2275 S.W. 131 COURT</b>	
CITY-ST-ZIP	<b>MIAMI, FL. 33175</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>300001760403</b>		
5.3 STREET ADDRESS	<b>-03/28/96--01017--012</b>		
5.4 CITY-ST-ZIP	<b>***200.00</b>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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)(k), 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]* DATE: **3/21/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #