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FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90214 002 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000029910

1. Corporation Name  
DECOROC U.S.A., INC.

Principal Place of Business

2000 ISLAND BLVD.  
1805  
WILLIAMS ISLAND FL 33160  
US

Mailing Address

2000 ISLAND BLVD.  
1805  
WILLIAMS ISLAND FL 33160  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1995

4. FEI Number

65-0609832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 21205 YACHT CLUB DRIVE

Suite, Apt. #, etc.

22 1504

City & State

23 AVENTURA, FL

Zip

24 33180

Country

25 USA

2a. Mailing Address

26 21205 YACHT CLUB DRIVE

Suite, Apt. #, etc.

27 1504

City & State

28 AVENTURA, FL

Zip

29 33180

Country

30 USA

9. Name and Address of Current Registered Agent

SALAZAR, DIANA  
2000 ISLAND BLVD.  
STE. 1805  
WILLIAMS ISLAND FL 33160

10. Name and Address of New Registered Agent

81 Name

SALAZAR, DIANA

82 Street Address (P.O. Box Number is Not Acceptable)

21205 YACHT CLUB DRIVE

83 SUITE 1504

84 City

AVENTURA

FL

85 Zip Code

33180

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

SALAZAR, DIANA (PD)

04/23/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME SALAZAR, DIANA  
STREET ADDRESS 2000 ISLAND BLVD., #1805  
CITY-ST-ZIP WILLIAMS ISLAND FL

TITLE VPD ☒ DELETE

NAME MARTY, ALAIN  
STREET ADDRESS 2000 ISLAND BLVD. #1805  
CITY-ST-ZIP WILLIAMS ISLAND FL

TITLE D ☐ DELETE

NAME SALAZAR, JULIO  
STREET ADDRESS CALLE 22 #115-10  
CITY-ST-ZIP SANTA FE DE BOGOTA, CO

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME SALAZAR, DIANA  
1.3 STREET ADDRESS 21205 YACHT CLUB DR., #1504  
1.4 CITY-ST-ZIP AVENTURA, FL 33180

2.1 TITLE VPD ☒ Change ☐ Addition

2.2 NAME MARTY, ALAIN  
2.3 STREET ADDRESS 21205 YACHT CLUB DR., #1504  
2.4 CITY-ST-ZIP AVENTURA, FL 33180

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE: MARTY, ALAIN (VPD)

04/23/99

305.937.2312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0260924