

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000064351 (6)**

1. Corporation Name  
**DECO & ASSOCIATES, INC.**



Principal Place of Business Mailing Address  
**4575 SW 68TH COURT CIRCLE STE 3 MIAMI FL 33155** **4575 SW 68TH COURT CIRCLE STE 3 MIAMI FL 33155**

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip Country  
24  
25  
2a. Mailing Address  
26 **6800 SW 40 Street**  
27 **#233**  
28 **Miami, FL**  
29 **33155** 30 **Dade**

3. Date Incorporated or Qualified **08/18/1995** 3a. Date of Last Report **N/A**  
4. FEI Number **65-0602595** 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

g. Name and Address of Current Registered Agent  
**COGGINS, DEBORAH**  
**4575 SW 68TH COURT CIRCLE STE 3**  
**MIAMI FL 33155**

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 607.09(2) and 607.14(2), 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. Since 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 607.09(2), Florida Statutes.

SIGNATURE OF REGISTERED AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<b>D COGGINS, DEBORAH</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	<b>4575 SW 68TH COURT CIRCLE STE 3</b>	2. NAME	
3. CITY, STATE, ZIP	<b>MIAMI FL 33155</b>	3. STREET ADDRESS	
4. TITLE	<input type="checkbox"/> DELETE	4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
7. CITY, STATE, ZIP	<input type="checkbox"/> DELETE	7. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		8. NAME	
9. STREET ADDRESS		9. STREET ADDRESS	
10. CITY, STATE, ZIP	<input type="checkbox"/> DELETE	10. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME		11. NAME	
12. STREET ADDRESS		12. STREET ADDRESS	
13. CITY, STATE, ZIP	<input type="checkbox"/> DELETE	13. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, STATE, ZIP	<input type="checkbox"/> DELETE	16. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME		17. NAME	
18. STREET ADDRESS		18. STREET ADDRESS	
19. CITY, STATE, ZIP	<input type="checkbox"/> DELETE	19. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare under penalty that the information supplied herein is true and correct, and does not qualify for the exemption stated in Section 119.07(4)(k), Florida Statutes. I further certify that the information indicated on this annual report or registration annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, or the manager or trustee, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of the filing office on an authorized written affidavit.

SIGNATURE: *Deborah A. Coggins* 2/9/96 305/667-5016  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)