

**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: **4575 SW 68TH COURT CIRCLE STE 3 MIAMI FL 33155**  
Mailing Address: **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 authorized to accept the obligations of Section 607.09(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1111 NAME	<b>D COGGINS, DEBORAH</b>	<input type="checkbox"/> DELETE
1121 STREET ADDRESS	<b>4575 SW 68TH COURT CIRCLE STE 3</b>	
1131 CITY - ST - ZIP	<b>MIAMI FL 33155</b>	
1141 TITLE		<input type="checkbox"/> DELETE
1151 NAME		<input type="checkbox"/> DELETE
1161 STREET ADDRESS		
1171 CITY - ST - ZIP		<input type="checkbox"/> DELETE
1181 TITLE		<input type="checkbox"/> DELETE
1191 NAME		<input type="checkbox"/> DELETE
1201 STREET ADDRESS		
1211 CITY - ST - ZIP		<input type="checkbox"/> DELETE
1221 TITLE		<input type="checkbox"/> DELETE
1231 NAME		<input type="checkbox"/> DELETE
1241 STREET ADDRESS		
1251 CITY - ST - ZIP		<input type="checkbox"/> DELETE
1261 TITLE		<input type="checkbox"/> DELETE
1271 NAME		<input type="checkbox"/> DELETE
1281 STREET ADDRESS		
1291 CITY - ST - ZIP		<input type="checkbox"/> DELETE
1301 TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1111 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1121 STREET ADDRESS	
1131 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1141 TITLE	
1151 NAME	
1161 STREET ADDRESS	
1171 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1181 TITLE	
1191 NAME	
1201 STREET ADDRESS	
1211 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1221 TITLE	
1231 NAME	
1241 STREET ADDRESS	
1251 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1261 TITLE	
1271 NAME	
1281 STREET ADDRESS	
1291 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1301 TITLE	

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 receiver 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 if changed, or on an attached 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)