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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name DECS CORP. P95000069078 (0)

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FILED Apr 21 1997 8:00am Secretary of State



Principal Place of Business		Mailing Addres	Mailing Address						
13503 8.W. 109 MIAMI FL 3318		13503 S.W. 101 Miami Fl 33180							
						3. Date incorporated or Qualified 09/07/1995		of Last 1/1996	
2. Principal Pl	ace of Business	2a. Mailing Add	dress			4. FEI Number	.1	F	Applied For
21		26				65-0632847		1	Vot Applicable
Sulte, Apt. #, etc.		Suite, Apl.	Suite, Apt. #, etc.			6. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State)			6. Election Campaign Financing		\$5.00	0 Мау Ве
23		28				Trust Fund Contribution		Added	d to Fees
Zip	Country			Country		8. This corporation has liability for intangible tax under s. 199.032.			s. 199.032,
24	25 29		30	30		Florida Statutes Yes No			
	9. Name and Address of Cu	irrent Registered Agent		81	1 11	10. Name and Address of New Re	gistered A	gent	
	Y, MICHAEL C			181	Name				
	3 8.W. 101 LANE		82 Street Add			ldress (P.O. Box Number is Not Acceptable)			
MIAI	Al FL 33186								
				83					
				84	City			85 Zip	o Code
					l		FL	<u> </u>	70
11. Pursuant t	o the provisions of Sections 607 poistered agent, or both, in the S	7.0502 and 607.1508, Flo State of Florida, Such cha	rida Statutes, ti anoe was autho	he abovi orized by	e-named co the corpor	progration submits this statement for the praction's board of directors. I hereby access	urpose or o	:nanging intment a	its registered is reaistered
agent. I ar	m familiar with, and accept the c	obligations of, Section 60	7.0505, Florida	Statutes	3.	ation's board of directors. I hereby accep	, , , ,		
SIGNATURE ,									
	Signature typed or printed name of registere	ed agent and title if applicable B AND DIRECTORS		jistered Age 13.	ent signature rec	Jired when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE EBS AND	DIRECTO	NES IN 12
12.	D			1.1 TITLE		ADDITIONS/OFFICIAL TO OFFICE	,	Change	····
NAME	SEMMENS, CYNTHIA	.	Jete / L	1.2 NAME					
	388 N.E. 159 STREET			1.3 STREET	2020004				
STREET ADDRESS	NORTH MIAMI BEACH FL				i				
CITY-ST-ZIP TITLE	VP	· · · · · · · · · · · · · · · · · · ·		1.4 City - S 2.1 Title	01-214			Change	Addition
	CRAWFORD, JAMES B	Li .		2.2 NAME			•		
NAME	13503 S.W. 101 LN			2.3 STREET	ADDRESS				
STREET ADDRESS	MIAMI FL				·				l
CITY-ST-ZIP TITLE	T			2. 4 CITY-: 3.1 TITLE	51-ZIP			Change	Addition
	EDDY, MICHAEL C			3.2 NAME			•	L. Crionigo	
NAME	13503 S.W. 101 LANE				ABDDEED				
STREET ADDRESS	MIAMI FL			3.3 STREFT					
CITY-ST-ZIP	8	П	DELETE	3.4. CITY-1	51-ZF			Change	Addition
NAME	DAY, NAOMI	لسا		4. 2 NAME					
STREET ADDRESS	388 N.E. 159 ST.			4.3 STREET	ADDECC				
l l	NORTH MIAMI BEACH FL			4.4 CITY - 9	1				l
CITY-ST-ZIP TITLE	HOLITI MENII DESCRITE		DELETE	5.1 TITLE	31-211			Change	Addition
NAME				5.2 NAME			•		
			Ī	5.3 STREET	ADDRESS				ı
STREET ADDRESS			ŀ	5.4 C(1) - 5	1				ı
CITY-\$T-ZIP TITLE		П	DELETE	6.1 THLE	D1-7/L			Change	Addition
				6.2 NAME			'		_ ;
NAME				6.3 STREET	I ADDOCCC				l
STREET ADORESS									ı
CITY-ST-ZIP	ov certify that the information sur	nnlied with this filing doe	s not qualify for	640iTY-9		ed in Section 119.07(3)(i). Florida Statute	s. I further	certify the	at 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 attantiment with an address.