

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 # P95000078650 (5)

1. Corporation Name

DEKORA DEKKRA CORPORATION

Principal Place of Business

2697 WEST 74 TERRACE
HIALEAH FL 33016

Mailing Address

2697 WEST 74 TERRACE
HIALEAH FL 33016-5432

FILED

97 JUL -3 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/09/1995	05/01/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		APPLIED FOR	<input checked="" type="checkbox"/> Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CASTILLO, ANGEL JR.
1320 SOUTH DIXIE HIGHWAY #450
CORAL GABLES FL 33146

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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. NAME	1.1 TITLE	1.2 NAME
NAME	RAMIREZ, CRESCENTE C	400002233674-3	
STREET ADDRESS	AVENIDA CHAMA, QUINTA ISAMAR, PLANTA ALTA	1.3 STREET ADDRESS	-07/09/97-01046-015
CITY-ST-ZIP	CARACAS, VENEZUELA	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	2. NAME	2.1 TITLE	2.2 NAME
NAME			
STREET ADDRESS		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
CITY-ST-ZIP			
TITLE	3. NAME	3.1 TITLE	3.2 NAME
NAME			
STREET ADDRESS		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP			
TITLE	4. NAME	4.1 TITLE	4.2 NAME
NAME			
STREET ADDRESS		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP			
TITLE	5. NAME	5.1 TITLE	5.2 NAME
NAME			
STREET ADDRESS		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
CITY-ST-ZIP			
TITLE	6. NAME	6.1 TITLE	6.2 NAME
NAME			
STREET ADDRESS		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
CITY-ST-ZIP			

14. I do 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.

SIGNATURE:

[Signature]

4.29.97

CR2E034 (9/96)