SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANN	1996	Secre DIVISION OI	tary of Sta F CORPOR			
DOCU 1. Corporation	MENT # P9500	0095842 (7	<b>')</b>			
DECO	R ELECTRONIC SERVICES,	INC.				
Principal Place of Business Mailing Address						
	7 <del>TH ST.: #106</del> ~	11011 N.W. 7TH ST. 1	P106			
MAMI FL 33172 11411 Su 4 57 11411 Su 4 57						
HIAMI PA/A 33174 HIAMI FI/A 3			33174	4	<ol> <li>Date incorporated or Qualified</li> <li>12/15/1995</li> </ol>	3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0619614	Not Applicable
Suite, Apt.	#, etc	Suite Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & Stat	le	City & State		·	& Election Comparing	Fee Required
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζιρ <b>29</b>	30 Coi	untry	8. This corporation has liability for in Florida Statutes	itang blo tax under si 199 032. Yes X No
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New Reg	Istered Agent
	ERNANDEZ, PEDRO					
11 <del>011 N.W. 7TH</del> ST., #106 MIAMI FL 33172				82 Street Address (P.O. Box Number is Not Acceptable)		
11	1411 84 451			83		
41 Acril 47 M 33174				84 City		B5 Zip Code
44 0						
	to the provisions of Sections 607,050 registered agent, or both, in the State im familiar with, and accept the obliga				poration submits this statement for the pur pon's board of directors. Thereby accept t	pose of changing its registered he appointment as registered
SIGNATURE	ura raminar wine, and accept the obliga	ations of, Section 607 0505, F	londa Stat	utes		-
	Signature it gould or procedular estimate for each reading of		Off Buggisere	: Agent signature requ	ord where installed	CALL
12. TITLE	OFFICERS AN	D DIRECTORS DELETE	13.	ri r	ADDITIONS/CHANGES TO OFFICE	
NAME	PEDRO S. HERNANI		12 N			
STREET ADDRESS	11411 S.W. 45T			TREEL ADDRESS		Change   Addition   250
CITY-ST-ZIF	MIAMI, FIA 331	74		tTY - ST - ZIP		125
TITLE	7	DELETE	2 1 7	ILE		Change Addition
NAME			22 N	AME		
STREET ADDRESS				TREET ACORESS		
CITY - ST - ZIP TITLE		DELETE		TLF		
NAME		been	32N			Change Addition
STREET ADORESS				TREET ADDRESS		
CITY - ST - ZIP				ITY-ST ZIP		
TITLE		DELETE	4 1 Tr	LE		Change Addition
NAME			4 2 N	IAMÉ		
STREET ADDRESS			435	FREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4 4 CI 5 1 Ti	TY - ST - ZiP		Change
NAME			52 N	l l		Change Add-tron
STREET ADDRESS				IREET ADDRESS		
CITY - ST - ZIP				TY - ST - ZIP		
TITLE		DELETE	61 Tı			Change Addition
NAME			62 N	AME :	<b>80000192</b> -08/19/960100	4928
STREET ADDRESS	•		6 3 ST	FREET ADDRESS	-08/19/960100 ***225-00	5002
CITY ST. 7IP	,		■ a . a		表示不さぎろ . 1111	4

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated on tris 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 trusted empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Brock 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Degenerations #