

FILE NOW: FILING FEE AFTER MAY 1ST IS \$150.00

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000012212  
1. Corporation Name  
DECO POOL SERVICES, INC.

Principal Place of Business: 861 SW 135 CT MIAMI FL 33184  
Mailing Address: 861 SW 135 CT MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:  
21 9846 HAMMOCKS BLVD.  
22 SUITE 102  
23 MIAMI FL  
24 33196 25 USA

2a. Mailing Address:  
26 9846 HAMMOCKS BLVD  
27 SUITE 102  
28 MIAMI FL  
29 33196 30 USA

3. Date Incorporated or Qualified: FEO 5, 1996  
4. FEI Number: 65-0644422  
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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent  
LARRY HARSHMAN  
861 SW 135 CT  
MIAMI FL 33184

10. Name and Address of New Registered Agent  
81 Name: WILLIAM E. MIRANDA  
82 Street Address: 9846 HAMMOCKS BLVD  
83 SUITE 102  
84 City: MIAMI FL 85 Zip Code: 33184

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 board of directors. I hereby appoint WILLIAM E. MIRANDA as registered agent. I am familiar with and agree to the obligations of Section 607.0505, Florida Statutes. WILLIAM E. MIRANDA PRESIDENT 4/30/98

SIGNATURE: \_\_\_\_\_ (Name of Registered Agent is printed; required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	LARRY HARSHMAN	
STREET ADDRESS	861 SW 135 CT	
CITY-STATE-ZIP	MIAMI FL	
TITLE	V. PRESIDENT/SECRETARY	<input checked="" type="checkbox"/> DELETE
NAME	LENORA HARSHMAN	
STREET ADDRESS	861 SW 135 CT	
CITY-STATE-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AN PRESIDENT/SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAM E. MIRANDA	
1.3 STREET ADDRESS	9846 HAMMOCKS BLVD NR 102	
1.4 CITY-STATE-ZIP	MIAMI FL 33196	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CLAUDIA RODRIGUEZ	
2.3 STREET ADDRESS	9846 HAMMOCKS BLVD NR 102	
2.4 CITY-STATE-ZIP	MIAMI FL 33196	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	800002533928	
4.3 STREET ADDRESS	-05/22/98--01104--010	
4.4 CITY-STATE-ZIP	***8.75	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800002533928	
5.3 STREET ADDRESS	-05/22/98--01104--009	
5.4 CITY-STATE-ZIP	***155.00	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I 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 supplement to 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; and that I am the officer 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 of this document. \_\_\_\_\_ WILLIAM E. MIRANDA 4/30/98

SIGNATURE: \_\_\_\_\_ (305) 386 3585  
DAYTIME PHONE: \_\_\_\_\_

CR2E034 (10/97)