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

Mailing Address

8025 W 26TH CT

HIALEAH FL 33016-2731

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

8025 W 26TH CT

HIALEAH FL 33016



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 10 1997 8:00am

Secretary of State

3a. Date of Last Report

0/97 305-824-4903

3. Date Incorporated or Qualified

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000012993 (7)

DECO WORLD DESIGN, INC.

appears in Block 12 or Block 13

SIGNATURE:

02/12/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation has liability for intengible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name COHEN, MARK D EMERALD HILLS EXECUTIVE PLAZA II Street Address (P.O. Box Number is Not Acceptable) 4651 SHERIDAN ST, SUITE 300 83 HOLLYWOOD FL 33021 84 City 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 farm ar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, lyinglior printed name of registered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. DELETE Change TITLE 1.1 TITLE Addition CORBO, ELENO 12 NAME NAME 8025 W 26TH CT 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 1.4 CITY - ST - ZIP Onri St Change DELETE Addition Table 21 TITLE HAME 22 NAME 23 STREET ADDRESS STREET ADORESS 2.4 CITY - ST - ZIP City - ST - 2IP DELETE Change \_\_\_ Addition 3.1 TITLE 1111.6 NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY - ST - ZIP DELETE Addition HILF 4 1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY:S1-ZiP 44 CITY-ST-ZIP DELETE Change Addition TILLE 5.1 TITLE 52 NAME NAMé STREET AUDRESS **53 STREET ADDRESS** 54 CITY-ST-ZIP CHTY-\$1-ZIP DELETE Change Addition 61 TITLE T.DLF NAME 62 NAME **63 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP City - \$1 - hP 14. I do hereby cert by 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 procedure or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

tachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR