

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000054115 (6)

1. Corporation Name

DECOR WINDOW FASHIONS, INC.

Principal Place of Business

10450 SOUTHWEST 126 AVENUE
MIAMI FL 33186

Mailing Address

10450 SOUTHWEST 126 AVENUE
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1996

4. FEI Number

65-0677116

Applied For

Not Applicable

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

2. Principal Place of Business

21 4600 SW 67 AVE

Suite, Apt. #, etc

22 #203

City & State

23 Miami FL

Zip

24 33155

Country

25 USA

2a. Mailing Address

26 4600 SW 67 AVE

Suite, Apt. #, etc.

27 #203

City & State

28 Miami, FL

Zip

29 33155

Country

30 USA

9. Name and Address of Current Registered Agent

RIVERO, OSCAR PA
ADORNO AND SEDER, PA
2801 S. BAYSHORE DR., SUITE 1600
MIAMI FL 33133

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

TITLE PSD ☐ DELETE

NAME VASTA, CHRISTOPHER T
STREET ADDRESS 4712 SW 67 AVENUE #G15
CITY-ST-ZIP MIAMI FL 33155

TITLE VTD ☒ DELETE

NAME GAVIRIA, FRANCISCO J
STREET ADDRESS 10450 SOUTHWEST 126 AVENUE
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 4600 SW 67 AVE #203
1.4 CITY-ST-ZIP MIAMI, FL 33155

2.1 TITLE VTD ☐ Change ☒ Addition

2.2 NAME PATRICIA HUGUES
2.3 STREET ADDRESS 6822 SW 127 PL
2.4 CITY-ST-ZIP MIAMI, FL 33176

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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: Christopher T. Vasta CHRISTOPHER T. VASTA 4/12/98 305-270-9033

CR2E034 (10/97)