

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90036 015 ***163.75

DOCUMENT # P96000054115

1. Corporation Name

DECOR WINDOW FASHIONS, INC.

Principal Place of Business

4600 SW 67 AVENUE
203
MIAMI FL 33155
US

Mailing Address

4600 SW 67 AVEBYE
203
MIAMI FL 33155
US

2. Principal Place of Business

21 16413 SW 73 LN

Suite, Apt. #, etc.

22 City & State
23 MIAMI FL

24 Zip Country
33193 US

2a. Mailing Address

26 16413 SW 73 LN

Suite, Apt. #, etc.

27 City & State
28 MIAMI FL

29 Zip Country
33193 USA

9. Name and Address of Current Registered Agent

RIVERO, OSCAR PA
ADORNO AND SEDER, PA
2601 S. BAYSHORE DR., SUITE 1600
MIAMI FL 33133

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 the current year Intangible
Personal Property Tax.



Yes No

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
NAME VASTA, CHRISTOPHER T
STREET ADDRESS 4600 SW 67 AVENUE 203
CITY-ST-ZIP MIAMI FL 33155

DELETE

TITLE VTD
NAME HUGUES, PATRICIA
STREET ADDRESS 6822 SW 127 PL
CITY-ST-ZIP MIAMI FL 33186

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

16413 SW 73 LN
MIAMI, FL 33193

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

16413 SW 73 LN
MIAMI, FL 33193

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

CHRISTOPHER VASTA 4/26/99 (305) 383-5612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0573875