FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2002 8:00 am Secretary of State P96000068786 DOCUMENT # 1. Entity Name DECOR METAL CORP. 04-21-2002 90886 013 ***150.00 Principal Place of Business Mailing Address 261 NW 26 ST 14999 SW 42 TERR MIAM! FL 33127 MIAMI FL 33185 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0687895 Not Applicable _Country \$8.75_Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAVEZ, EDGAR Street Address (P.O. Box Number is Not Acceptable) 14999 SW 42ND TER. **MIAMI FL 33185** City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) .9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 -10.- Election Campaign Financing -\$5.00 May Be-Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST TITLE ☐ Delete TITLE ☐ Addition CHAVEZ, EDGAR NAME NAME 14999 SW 42ND TER. STREET ADDRESS STREET ADDRESS **MIAMI FL 33185** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with