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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000073784 (6)

Country

g. Name and Address of Current Registered Agent

25

CEBALLOS, HAYDEE A 354 SEVILLA AVENUE

CORAL GABLES FL 33134

DEACO INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Zip

27

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29

Suite, Apt. #, etc.

354 SEVILLA AVENUE CORAL GABLES FL 33134

2, Principal Place of Business

Sulte, Apt. #, etc

City & State

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354 SEVILLA AVENUE CORAL GABLES FL 33134

FILED Apr 23 1998 8:00am Secretary of State

							
	DO NOT WRITE IN THI	S SPACE					
	3. Date Incorporated or Qualified 09/05/1996						
	4. FEI Number	Applied For					
	65-0693527	Not Applicable					
	5. Certificate of Status Desired	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees					
	Election Campaign Financing Trust Fund Contribution						
	This corporation owes or has paid the opersonal Property Tax due June 30.	current year Intangible Yes No					
	10. Name and Address of New Registers	d Agent					
Name							
Street Ad	dress (P.O. Box Number is Not Acceptable)						

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.

Country

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SIGNATURE						
	Signature, typed or printed name of registered agent and title if		Registered Agent signature requi		DATE	
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO O		
TITLE	PD	DELETE	1.1 TITLE		Change	Addition
NAME	CEBALLOS, HAYDEE A		1.2 NAME			
STREET ADDRESS	854 SEVILLA AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.9 STREFT ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE	,	☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CiTY-ST-ZIP	<u> </u>		
TITLE		DELETE	61 TITLE		☐ Change	Addition
NAME			62 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. Thereby 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 13 if changed, or on an attachment with an address.

SIGNATURE: X

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4/11/10 (200)440.5155