

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **P96000079134 (8)**

1. Corporation Name
D.E.C.H. ENTERPRISES, INC.

Principal Place of Business 19620 NW 6TH PL MIAMI FL 33169	Mailing Address 19620 NW 6TH PL MIAMI FL 33169-3252
--	---



2. Principal Place of Business 21 N/A		2a. Mailing Address 26 N/A		3. Date Incorporated or Qualified 09/23/1996	3a. Date of Last Report N/A
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0697286	Applied For Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MOORE, ELLA 19620 NW 6TH PL MIAMI FL 33169		10. Name and Address of New Registered Agent 81 Name N/A (SAME) 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 *Ellen Moore* DATE **4/20/97**
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	HELENE ST. ANGE
STREET ADDRESS		1.3 STREET ADDRESS	5261 NW 180 TERRACE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI FLORIDA 33056
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	CHERISE GIORDANI
STREET ADDRESS		2.3 STREET ADDRESS	15841 SW 108 AVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FLORIDA 33157
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DELMA K. NOEL-PRATT
STREET ADDRESS		3.3 STREET ADDRESS	234 N.E. 199 LANE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	N. MIAMI BEACH FLORIDA 33179
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ELLA MOORE
STREET ADDRESS		4.3 STREET ADDRESS	19620 NW 6 PL
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI FL 33169
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Delma K. Noel-Pratt* DATE **04/20/97** (305) 654-5998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)