

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

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90130 007 ****150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000011797

1. Corporation Name
DECO MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8155 NORTHWEST 93RD STREET
MIAMI FL 33166

Mailing Address
8155 NORTHWEST 93RD STREET
MIAMI FL 33166

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

65-0771482

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

TORRENS, LUIS

82 Street Address (P.O. Box Number is Not Acceptable)

8155 N.W. 93RD STREET

83

84 City

MIAMI

FL

85 Zip Code

33166

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD
NAME: TORRENS, LUIS
STREET ADDRESS: 8155 NORTHWEST 93RD STREET
CITY-ST-ZIP: MIAMI FL 33166

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

TITLE: VTSD
NAME: RAMOS, FLORO
STREET ADDRESS: 8155 NORTHWEST 93RD STREET
CITY-ST-ZIP: MIAMI FL 33166

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

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

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

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

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

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

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

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

6.1 TITLE: Change Addition
6.2 NAME: Change Addition
6.3 STREET ADDRESS: Change Addition
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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

Date

Daytime Phone #

CR2E034 (11/98)