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

DOCUMENT # P9700034202

DEKO TILES & CARPET, INC.

Principal Place of Business

Mailing Address

5499 W. DIXIE HIGHWAY #15

15499 W. DIXIE HIGHWAY #15

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90064 032 ***150.00



IO. MIAMI BEACH FL 33162		NO. MIAMI BEACH FL 33162		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
					04/14/1997			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Appl	lied For
21		26			65-0743350	[.	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	. 75 Ad ee Req	iditional uired
City & State	A	City & State			6. Election Campaign Financing	\$5	. 00 м	lav Be
	•	28			Trust Fund Contribution		ded to	
Zip	Country	Zip	Country		8. This corporation owes the current year In	tangible		
	25	29 30	-, '		Personal Property Tax.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		∏No
24	9. Name and Address of Current	<u> </u>	"		10. Name and Address of New Registered	Agent		
	5. Hallo and Address of Current	registered Agent	81	Name				
SIVER	NO. E		82					
7179 PEMBROKE ROAD				Street Add	dress (P.O. Box Number is Not Acceptable)			
	ROKE PINES FL 33023		83					
, cmc	MICHE FINED I COOLS		55					
			84	City	FL	85	Zip Co	ode
			i		rporation submits this statement for the purpose of			
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was auth	norized by	tne corporat	tion's board of directors. I hereby accept the appo	intment	as regi	stereu
SIGNATURE	Signature, typed or printed name of registered agent	and title if analysable (NOTE: D.	anistered Aner	et cianeture requi	ired when reinstating) DATE			*
	Signature, typed or printed name of registered agent OFFICERS AND		13.	it signature requi	ADDITIONS/CHANGES TO OFFICERS A	ND DIR	ECTOF	IS IN 12
12.	PD ·	DELETE	1.1 TITLE		11251710110111111025	Ch		Addition
	, -		1.2 NAME	1				
NAME	ARGUELLES, DAYRON			TADDRESS				
	2903 N.E. 163RD STREET, #803							
CITY-ST-ZIP	NORTH MIAMI FL 33160	☐ DELETE	1.4 CITY-S	T-ZIP		[] Ch	nange	☐ Addition
TITLE	STD	□ OECETE	2.1 TITLE				Lange	
	MOLINA, MARISOL		2.2 NAME					
STREET ADDRESS	2903 N.E. 163RD STREET, #803		2.3 STREE	T ADORESS .				
CITY-ST-ZIP	NORTH MIAMI FL 33160		2.4 CITY-S	ST-ZIP				
TITLE		☐ DELETÉ	3.1 TITLE			Ch	ange	Addition Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ CH	ange	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				•
CITY-ST-ZIP			4 4 CITY-S	T-ZIP				
TITLE	-	☐ DELETE	5.1 TITLE			☐ Ch	ıange	☐ Addition
NAME			5.2 NAME	ļ				
STREET ADDRESS			5.3 STREE	TADORESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			[] Ch	nange	Addition
NAME		<u> </u>	6.2 NAME	į				
			1	TADDRESS				
STREET ADDRESS			6.4 CITY-S					
CITY OF 71D	I		■ 0.4 UII1 - 2	1-46				

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 an attachment with an address, with all other like empowered.

SIGNATURE: