## 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 # P97000049338 (1)

SS DECOR'S CORPORATION

Principal Place of Business	Mailing Address						
14867 SW 104 STREET #14 #14 #14 MIAMI FL 33196				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/04/1997			
2. Principal Place of Business 21 1800 W. 4946 Sheet	20. Mailing Address 26 1800 W. 49th S	πΩе	E1	4. FEI Number 05 - 0758090		Applied For Not Applicable	
Suite, Apt. #, etc. 22 SUITE 215	Suite, Apt. #, etc. 27 SUITE 215			5. Certificate of Status Desired	•	.75 Additional ee Required	
City & State  23 H1 ALEAH FL	City & State  28 + 1 (ALEAH) FC			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees	
Zip 33012 Country 25	29 55012 30	untry		This corporation owes or has paid the operation of the Personal Property Tax due June 30.	current ye		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RIOS, LEOPOLDO		B1	Name				
1800 W 49TH STREET SUITE 215			Street Address (P.O. Box Number is Not Acceptable)				
HIALEAH FL 33012		63					
		84	City	F		Zip Code	
11. Pursuant to the provisions of Sections 607. office or registered agent, or both, in the St	0502 and 607.1508, Florida Statutes, the a late of Florida. Such change was authorize	bove d by	<ul> <li>named corporation</li> </ul>	pration submits this statement for the purpose on's board of directors. I hereby accept the a	of chang ppointme	ging its registered ent as registered	

SIGNATURE

Signature, typed or printed name of superiored 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	PTVS DELETE	1.1 TITLE	☐ Change ☐ Addition				
NAME	Carrero, Franklin	1.2 NAME					
STREET ADDRESS	14867 SW 104 ST, #14	1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33198	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		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY-ST-2IP					
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					
TITLE	☐ DELETE	6.1 TITLE	Change Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
OTT V DT 78D		E 4 017V 67 7/B					

14. I he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of suppliamental minual 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 recover 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 change it. or on an attachment with an address.

SIGNATURE: ×

(305) 558-9669

**FILED** 

Apr 02 1998 8:00am

Secretary of State