· 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 # P97000072950 (3)

ITALIAN DECOR, INC.

FILED Mar 13 1998 8:00am Secretary of State

***************************************	DECOM INC.				
Principal Place	of Business	Mailing Address		{	iii 18600 iidh 1880 fiiil 1810 igi
			TT	}	
2601 S. BAYSHORE DR., STE, 1250 2601 S. BAYSHORE DR., S' MIAMI FL 33133 MIAMI FL 33133			IE. 1250		
minmi 12 00100				DO NOT WRITE IN	THIS SPACE
				3. Date incorporated or Qualified	
		.,,		08/22/1997	
	ace of Business	2a. Mailing Address 26 / Coo S. E	17 5+	4. FEI Number	Applied For
21 / 600 S.E. /7 S7. 26 / 600 S.E. Suite, Apt. #, etc.			. , , , , ,		Not Applicable
22 30 4 27 # 30 Y			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
0.200		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Ft.	Laudeedale	28 Ft. LAUd	redale PC	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pald the	
24	25		19roward	Personal Property Tax due June 30.	☐ Yes ☐ No
g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
FREEMAN, ROBERT A 81 Name					
2601 S. BAYSHORE DR., STE. 1250 MIAMI FL 33133			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
					<u> </u>
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 of corporation of 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 priviled name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Output DATE					
12.	Signature typed or printed name of registered agen OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITLE		
NAME	FREEMAN, ROBERT A		1.2 NAME	resident/Director	
STREET ADDRESS 2601 S. BAYSHORE DR., STE. 1250			1.3 STREET ADDRESS 2	9.6 Firs DAINY	Ld
CITY-ST-ZIP	MIAMI FL 33133			14m, FL 3317	9
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		☐ DELE te	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	•	∐ DELE TE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		- Detert	5.2 NAME		C Grange C Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
	rtify that the information supplied with	this filing does not qualify for t		Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the information

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 on an attachment with an address.

CIONATURE - Para

Resident

3/9/98

858-3245