## 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 # **P97000103617**1. Corporation Name

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90066 028 \*\*\*150.00

DECO D	DECK, INC.								
Principal Place	e of Business	Mailing Address					E011		
153 SEVILLA A		153 SEVILLA AVE.							
CORAL GABLES FL 33134 CORAL GABLES FL 33134									
l					<u> </u>		RITE IN THIS	SPACE	
					3	Date Incorporated or Qualif	ed		
	····					12/08/1997		<del></del>	<del></del>
<u>⊢</u> ¬	lace of Business	2a. Mailing Address			•	I. FEI Number			plied For
21		26				65-0800873			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5	<ol> <li>Certifcate of Status Desired</li> </ol>	□	\$8.75 A Fee Re	
22 City & Stat		City & State				Clastica Compaign Financia		\$5.00	<u>-</u>
23	le .	28			٠ ١ ١	<ol> <li>Election Campaign Financir</li> <li>Trust Fund Contribution</li> </ol>	<sup>9</sup> 🗆	Added to	- 1
Zip	Country	Zip	Country	-	-   8	I. This corporation owes the c	urrent vear Inta		
24	25	<u> </u>	0		"	Personal Property Tax.	arront your ma		□No
24	9. Name and Address of Curre		, <u>,,,</u>	-	10	). Name and Address of Nev	v Registered	Agent	
		<u> </u>	81	Name					
M.J.	F. REGISTERED AGENT CORP.		00	<b>O</b> 1 1	<b>.</b>	(D.O. Boy Alymbon in Mat Appa	ntab(a)	<del></del>	
153	SEVILLA AVE.		82	Street	Address (	P.O. Box Number is Not Acce	plable)		
COF	RAL GABLES FL 33134		83			<del></del>			
								T	
			84	City		,	FL	85 Zip C	,ode
agent. I a SIGNATURE	to the provisions of Sections	ations of, Section 607.0505, Florid	da Statutes				DATE		
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	P/S				Change	Addition
NAME	MARINIER, GILBERT		1.2 NAME	<i>'</i>	MAR	INIER, GILBER	r		ļ
STREET ADDRESS	13251 SW 192ND ST.		1.3 STREET	ADDRESS		51 SW 192 Str			
CITY- \$T-ZIP	MIAMI FL 33177		1.4 CITY-ST	<u>[-ZIP</u>		ni. FL 33177_			i
TITLE		☐ DELETE	2.1 TITLE			,		☐ Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET	ADDRESS					
CITY-ST-ZIP			2.4 CITY-S						
TITLE				T-ZIP					
NAME		☐ DELETE	3.1 TITLE	T- <u>Z</u> IP	·	#*		Change	Addition
STREET ADDRESS		☐ DELETE		<u>7-</u> ZIP	1	**	,	Change	Addition
CITY-ST-ZIP		☐ DELETE	3.1 TITLE					Change	Addition
TOTAL F.		☐ DELETE	3.1 TITLE 3.2 NAME	ADDRESS					
TITLE		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS				☐ Change	Addition
NAME.			3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S	ADDRESS					
			3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE	ADDRESS T-ZIP					
NAME		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME	ADDRESS T-ZIP ADDRESS				☐ Change	☐ Addition
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14. It 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 indicate with all other like empowered.

SIGNATURE:

1/13/99

(305) 442-1567