1. Entity Nam DECOR	n e	# P990000 LAGE DEVELOPMEN	•	70. 1° - W 20/		8/9/00-90076-024-\$450.0 FIL SEQRETARY	FN	18
Principal Place of Business Mailing Address								
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Zip Country		Country	Zip Coun		5. C	ertificate of Status Desired	rtificate of Status Desired See Required \$8.75 Additional Fee Required	
	- 8." Name	and Address of Current Re	egistered Agent · ·		7. N	ame and Address of New Regis	stered Agent	
				Name		a proposition de la composition della composition de la composition de la composition della compositi		·
	NDLER, AS/			Street	Address (P.O. Bo	x Number is Not Acceptable)		
 4099 TAMIAMI TRAIL NORTH SUITE 305 		ITAIL NORTH	~2 ~~ z ~~.					
	LES FL 34	103		City			FL Zip Coo	de
The above	named entit	y submits this statement for t	he purpose of changing it	s registered office	or registered age	nt, or both, in the State of Florida	3.	
ON 1477 10F	/		/ ·			12/	3/00	
NATURE .	Signature, types	contributed name of registered again and	Little il applicable (NO	TE Registered Agent sign	ature required when rein	nstaling)	DATE	
Tax filing r	-	pible to satisfy its Intangible and elects to do so.	FILE NOW After SEPTEMBER Make Check Paya	111 FEE IS \$550 13, 2000 Min. wi	l be \$750.00	 Election Campaign Finance Trust Fund Contribution. 		00 May Be d to Fees
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