

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. McInnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 316774 (9)
1. Corporation Name
DISPLAYARAMA, INC.



Principal Place of Business: 1551 NW 82 AVENUE MIAMI FL 33126
Mailing Address: 1551 NW 82 AVENUE MIAMI FL 33126

3. Date Incorporated or Organized: 05/15/1967
3a. Date of Last Report: 03/01/1995
4. FEI Number: 59-1165849
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

BRAZER, MELVIN
1551 NW 82 AVENUE
MIAMI FL 33126

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

11. Pursuant to the provisions of Sections 607.0532 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 607.0535, Florida Statutes.

SIGNATURE

Signature of person authorized to make this statement

Signature of Agent Submitting this Statement

FBI

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																																								
<table border="1"> <tr><td>TITLE</td><td>PD</td><td><input type="checkbox"/> DELETE</td></tr> <tr><td>NAME</td><td>BRAZER, MELVIN</td><td></td></tr> <tr><td>STREET ADDRESS</td><td>1551 NW 82 AVENUE</td><td></td></tr> <tr><td>CITY, ST, ZIP</td><td>MIAMI FL</td><td></td></tr> <tr><td>TITLE</td><td>VD</td><td><input type="checkbox"/> DELETE</td></tr> <tr><td>NAME</td><td>BRAZER, ELLEN</td><td></td></tr> <tr><td>STREET ADDRESS</td><td>1551 NW 82 AVENUE</td><td></td></tr> <tr><td>CITY, ST, ZIP</td><td>MIAMI FL</td><td></td></tr> <tr><td>TITLE</td><td>SD</td><td><input type="checkbox"/> DELETE</td></tr> <tr><td>NAME</td><td>BRAZER, BARRY</td><td></td></tr> <tr><td>STREET ADDRESS</td><td>1551 NW 82 AVENUE</td><td></td></tr> <tr><td>CITY, ST, ZIP</td><td>MIAMI, FL</td><td></td></tr> <tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY, ST, ZIP</td><td></td><td></td></tr> <tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY, ST, ZIP</td><td></td><td></td></tr> </table>	TITLE	PD	<input type="checkbox"/> DELETE	NAME	BRAZER, MELVIN		STREET ADDRESS	1551 NW 82 AVENUE		CITY, ST, ZIP	MIAMI FL		TITLE	VD	<input type="checkbox"/> DELETE	NAME	BRAZER, ELLEN		STREET ADDRESS	1551 NW 82 AVENUE		CITY, ST, ZIP	MIAMI FL		TITLE	SD	<input type="checkbox"/> DELETE	NAME	BRAZER, BARRY		STREET ADDRESS	1551 NW 82 AVENUE		CITY, ST, ZIP	MIAMI, FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY, ST, ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY, ST, ZIP			<table border="1"> <tr><td>1. TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>2. NAME</td><td></td><td></td></tr> <tr><td>3. STREET ADDRESS</td><td></td><td></td></tr> <tr><td>4. CITY, ST, ZIP</td><td></td><td></td></tr> <tr><td>5. TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>6. NAME</td><td></td><td></td></tr> <tr><td>7. STREET ADDRESS</td><td></td><td></td></tr> <tr><td>8. CITY, ST, ZIP</td><td></td><td></td></tr> <tr><td>9. TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>10. NAME</td><td></td><td></td></tr> <tr><td>11. STREET ADDRESS</td><td></td><td></td></tr> <tr><td>12. CITY, ST, ZIP</td><td></td><td></td></tr> <tr><td>13. TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>14. NAME</td><td></td><td></td></tr> <tr><td>15. STREET ADDRESS</td><td></td><td></td></tr> <tr><td>16. CITY, ST, ZIP</td><td></td><td></td></tr> <tr><td>17. TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>18. NAME</td><td></td><td></td></tr> <tr><td>19. STREET ADDRESS</td><td></td><td></td></tr> <tr><td>20. CITY, ST, ZIP</td><td></td><td></td></tr> </table>	1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2. NAME			3. STREET ADDRESS			4. CITY, ST, ZIP			5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6. NAME			7. STREET ADDRESS			8. CITY, ST, ZIP			9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	10. NAME			11. STREET ADDRESS			12. CITY, ST, ZIP			13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	14. NAME			15. STREET ADDRESS			16. CITY, ST, ZIP			17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	18. NAME			19. STREET ADDRESS			20. CITY, ST, ZIP		
TITLE	PD	<input type="checkbox"/> DELETE																																																																																																																							
NAME	BRAZER, MELVIN																																																																																																																								
STREET ADDRESS	1551 NW 82 AVENUE																																																																																																																								
CITY, ST, ZIP	MIAMI FL																																																																																																																								
TITLE	VD	<input type="checkbox"/> DELETE																																																																																																																							
NAME	BRAZER, ELLEN																																																																																																																								
STREET ADDRESS	1551 NW 82 AVENUE																																																																																																																								
CITY, ST, ZIP	MIAMI FL																																																																																																																								
TITLE	SD	<input type="checkbox"/> DELETE																																																																																																																							
NAME	BRAZER, BARRY																																																																																																																								
STREET ADDRESS	1551 NW 82 AVENUE																																																																																																																								
CITY, ST, ZIP	MIAMI, FL																																																																																																																								
TITLE		<input type="checkbox"/> DELETE																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY, ST, ZIP																																																																																																																									
TITLE		<input type="checkbox"/> DELETE																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY, ST, ZIP																																																																																																																									
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
2. NAME																																																																																																																									
3. STREET ADDRESS																																																																																																																									
4. CITY, ST, ZIP																																																																																																																									
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
6. NAME																																																																																																																									
7. STREET ADDRESS																																																																																																																									
8. CITY, ST, ZIP																																																																																																																									
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
10. NAME																																																																																																																									
11. STREET ADDRESS																																																																																																																									
12. CITY, ST, ZIP																																																																																																																									
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
14. NAME																																																																																																																									
15. STREET ADDRESS																																																																																																																									
16. CITY, ST, ZIP																																																																																																																									
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
18. NAME																																																																																																																									
19. STREET ADDRESS																																																																																																																									
20. CITY, ST, ZIP																																																																																																																									

14. I do hereby certify that the information supplied was true and accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and to my signature shall have the same legal effect as if made under oath that I am an officer or director of this 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 attached add'l w/d, as address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY BRAZER

1/23/96 305-594-2888

CR2E034 (12/95)