## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION . ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90045 003 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 316774

1. Corporati		•				
DISPLA	YARAMA, INC.					
				1 188126 LINE ILEGE BILLI ABBIC 18816 BILL BE	All Arkis Other miner	01011 01011 10 de
Deignal Dia	an of Distance					
	ice of Business	Mailing Address		7 100 100 100 100 100 100 100 100 100 10		. ,
1551 NW 82 A		1551 NW 82 AVENUE				•
MIAMI FL 331	26	MIAMI FL 33126				
			•	DO NOT WRITE IN T	HIS SPACE	
		,		3. Date Incorporated or Qualifed		
				05/15/1967		
— ·	Place of Business	2a. Mailing Address		4. FEI Number	Ap	pplied For
21	·	26	77	59-1165849	No	ot Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
22	•	27		5. Certificate of Status Desired	Fee Re	equired
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added t	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24	25	29	30	Personal Property Tax.	Yes	□No
,	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Register	ed Agent	
	the state of the s		81 Name			
	AZER,MELVIN	•	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	1 NW 82 AVENUE		52 Stiest Aug	diess (P.O. Box Number is Not Acceptable)	:	
. MIA	MI FL 33126		83	The same of the sa		(a) \$1.00 \square
					ile Militaria. Migraelea	
			84 City	والمراجع المراجع	85 Zip C	Code
Ad Divisions	to the previous of Castings 607 0500	1		<u>`</u>	<u>'L   </u>	1 2
i 11. Pursuant		and 607 1508. Florida Statuta	e the shows named som			
office or	registered agent, or both, in the State o	? and 607.1508, Florida Statute of Florida. Such change was au	s, the above-named corp thorized by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the an	of changing its	registered
office or agent. I a	registered agent, or both, in the State o am familiar with, and accept the obligati	and 607.1508, Florida Statute of Florida. Such change was au ions of, Section 607.0505, Flori	s, the above-named corp thorized by the corporational da Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap-	of changing its pointment as req	registered gistered
office or agent. I a				•	of changing its pointment as req	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. {NOTE: I	Registered Agent signature require	ed when reinstating), DATE	· · · · · · · · · · · · · · · · · · ·	<del></del>
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: I	Registered Agent signature require	•	· · · · · · · · · · · · · · · · · · ·	<del></del>
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. {NOTE: I	Registered Agent signature require	ed when reinstating), DATE	· · · · · · · · · · · · · · · · · · ·	<del></del>
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PD BRAZER,MELVIN	and title if applicable. (NOTE: I	Registered Agent signature require	ed when reinstating), DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD BRAZER,MELVIN 1551,NW 82 AVENUE	and title if applicable. (NOTE: I	Registered Agent signature require 13.	ed when reinstating), DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND PD BRAZER,MELVIN 1551 NW 82 AVENUE MIAMI FL	and title if applicable. (NOTE: I	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ed when reinstating), DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD BRAZER,MELVIN 1551,NW 82 AVENUE	and title if applicable. (NOTE: I	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	ed when reinstating), DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD BRAZER,MELVIN 1551 NW 82 AVENUE MIAMI FL	and title if applicable. (NOTE: I) D DIRECTORS	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	ed when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO ☐ Change	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD BRAZER,MELVIN 1551 NW 82 AVENUE MIAMI FL VD BRAZER, ELLEN	and title if applicable. (NOTE: I) D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ed when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO ☐ Change	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AND PD BRAZER,MELVIN 1551 NW 82 AVENUE MIAMI FL VD BRAZER, ELLEN 1551 NW 82 AVENUE	and title if applicable. (NOTE: I) D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ad when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO ☐ Change	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD BRAZER,MELVIN 1551 NW 82 AVENUE MIAMI FL VD BRAZER, ELLEN 1551 NW 82 AVENUE MIAMI FL	and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ad when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE	OFFICERS AND PD BRAZER,MELVIN 1551 NW 82 AVENUE MIAMI FL VD BRAZER, ELLEN 1551 NW 82 AVENUE MIAMI FL SD.	and title if applicable. (NOTE: I) D DIRECTORS	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE	ad when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO ☐ Change	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AND PD BRAZER,MELVIN 1551, NW 82 AVENUE MIAMI FL VD BRAZER, ELLEN 1551 NW 82 AVENUE MIAMI FL SD BRAZER, BARRY	and title if applicable. (NOTE: I	Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ad when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	RS IN 12 Addition Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME	OFFICERS AND PD BRAZER,MELVIN 1551 NW 82 AVENUE MIAMI FL VD BRAZER, ELLEN 1551 NW 82 AVENUE MIAMI FL SD BRAZER, BARRY 1551 NW 82 AVENUE MIAMI, FL'	and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Agent signature require  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2. 4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD BRAZER,MELVIN 1551 NW 82 AVENUE MIAMI FL VD BRAZER, ELLEN 1551 NW 82 AVENUE MIAMI FL SD BRAZER, BARRY 1551 NW 82 AVENUE	and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Agent signature require  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  22 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  32 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	RS IN 12 Addition Addition
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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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

MAMI FI.

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