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 #

(5)

DISPLAY INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address	
5701 MIAMI LAKES DR. E. MIAMI LAKES FL 33014	5701 MIAMI LAKES DR. E. MIAMI LAKES FL 33014	
2. Principal Place of Business	2a. Mailing Address	

FILED Feb 19 1998 8:00am Secretary of State



5701 MIAMI LAKES DR. E. 5701 MIAMI LAKES DR. E. MIAMI LAKES FL 33014 MIAMI LAKES FL 33014						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified						
	_						02/26/1990					
2. Principal Pl						4.	, FEI Number			Ap	plied For	
21		26					65-0176258			No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5.		5 Additional Required				
City & State	9	City & State			•	6.	Election Campaign Financing Trust Fund Contribution				May Be to Fees	
Zip 24	Country 25	Zip 29	Countr	У		8.	This corporation owes or has per Personal Property Tax due June		ent ye	_	angible 7 No	
	9. Name and Address of Curre			_		10.	Name and Address of New Re			=		
I E	HRMAN, JEFFREY E.		81	íΤ	Name			<u> </u>				
		2000		1								
2699 S. BAYSHORE DRIVE, SUITE 300D MIAMI FL 33133			82	1	Street Addre	ess (P	P.O. Box Number is Not Acceptat					
, 1711	WHITE SO TOO		83	巾								
			84	4	Oit.				Test	7: 1	20-10	
			04	1	City			FL	65	Zip (Jode	
11. Pursuant to office or reagent. Lar	o the provisions of Sections 607.050 egistered agent, or both, In the State in familiar with, and accept the oblig	e of Florida. Such change wa gations of, Section 607.0505,	s authorized b Florida Statute	oy I ∋s.	the corporation	on's b	board of directors. I hereby acce	ourpose of of the appo	chang pintme	ing it: nt as	s registered registered	
	Signature, typed or printed name of registered ag		OTE. Registered Ac	eni	nt signature require			DATE				
12.		ID DIRECTORS	13.	_			ADDITIONS/CHANGES TO OFFIC					
TITLE	C	DELETE	1.1 TITLE						Chi	inge	Addition	
NAME	HEIDI TABET		1.2 NAME									
STREET ADDRESS	6501 NIEDER OLM R FA		1.3 STREE	ΤA	ADDRESS							
CITY-ST-ZIP	GERMANY		1.4 CITY -	ST-	- ZIP							
TITLE	Р	DELETE	2.1 TITLE						Cha	inge	Addition	
NAME	JIM LATCHINIAN		2.2 NAME		^							
STREET ADDRESS	2843 S BAYSHORE DR #D1	7	2.3 STREE	ΤA	ADDRESS							
CITY-ST-ZIP	COCONUT GROVE FL		2. 4 CITY-	\$T								
TITLE		☐ DELETE	3.1 TITLE				President		Cha	ınge	Addition Addition	
NAME			3.2 NAME		AL	EN	ander wakhaya	Τ,				
STREET ADDRESS			3.3 STREE	T AI			10 CAPE PLORIDA"					
CITY-ST-ZIP			3.4. C/TY-	ST-	r-zip K8	<u> Y5</u>	BISCAYNE, PL 3	3149				
TITLE		☐ DELE TE	4.1 TITLE						Cha	inge	Addition	
NAME			4. 2 NAME									
STREET ADDRESS			4.3 STREE	T AJ	NDDRESS							
CITY-ST-ZIP			4.4 C(TY-	ST-	- ZIP							
TITLE		☐ DELE te	5.1 TITLE						Cha	nge	Addition	
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREE	T A!	NDDRESS							
CITY-ST-ZIP			5.4 CITY-									
TITLE	·	☐ DELETE	6.1 TITLE	_					Cha	inge	Addition	
NAME			6.2 NAME									
STREET ADDRESS			6.3 STREE		DORESS							
GHILLI PADOINGOS			o.o a mcc	. 🗥								

14. Thereby 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.