

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 25 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001501108
-05/30/95--01028--010
****225.00 ****225.00

DOCUMENT # P94000032218 (7)

1. Corporation Name

DISPLAYS-R-US CORP.

Principal Place of Business

4931 N.W. 4TH STREET
MIAMI FL 33126

Mailing Address

4931 N.W. 4TH STREET
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/28/1994
3a. Date of Last Report

4. FEI Number
☒ Applied For
☐ Not Applicable

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 Suite, Apt. #, etc.

22 City & State

23 Zip

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

9. Name and Address of Current Registered Agent

MEDINA, ANGEL
4931 N.W. 4TH STREET
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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent Accepting Appointment)

(Signature of Registered Agent or Registered Agent Accepting Appointment)

(Date)

12. OFFICERS AND DIRECTORS

12.1 NAME	D MEDINA, ANGEL
12.2 STREET ADDRESS	4931 N.W. 4TH ST.
12.3 CITY, ST., ZIP	MIAMI FL 33126
12.4 NAME	
12.5 STREET ADDRESS	
12.6 CITY, ST., ZIP	
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY, ST., ZIP	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST., ZIP	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, ST., ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST., ZIP	
13.5 NAME	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST., ZIP	
13.9 NAME	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST., ZIP	
13.13 NAME	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST., ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and 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.

SIGNATURE:

[Signature]

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/95

Date

13-00000-17-00000-0