

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000075706 (8)**

1. Corporation Name

INTERNATIONAL DISPLAY SOLUTIONS, INC.



Principal Place of Business

Mailing Address

**2550 S.W. 18TH TERRACE
NO. 1703
FT. LAUDERDALE FL 33315**

**2550 S.W. 18TH TERRACE
NO. 1703
FT. LAUDERDALE FL 33315**

3. Date Incorporated or Qualified
10/02/1995

3a. Date of Last Report
NA

2. Principal Place of Business

2a. Mailing Address

21 **2609 Scott Street**

26 **2609 Scott Street**

4. FEI Number
65-0609389

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State
Hollywood, FL.

27 City & State
Hollywood, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip
33020

Country
USA

28 Zip
33020

Country
USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARBALLO, JAMES D
2550 S.W. 18TH TERRACE
NO. 1703
FT. LAUDERDALE FL 33315**

81 Name

James Carballo

82 Street Address (P.O. Box Number is Not Acceptable)

2609 Scott Street

83

84 City

Hollywood

FL

85 Zip Code
33020

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 typed or printed name of registered agent and new agent, if any)

(NOTE: Registered Agent signature required for "finishing")

3/3/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **CARBALLO, JAMES**
STREET ADDRESS **2550 S.W. 18TH TERRACE #1703**
CITY-ST-ZIP **FT. LAUDERDALE FL 33315**

1.1 TITLE **PD** ☐ Change ☐ Addition
1.2 NAME **James Carballo**
1.3 STREET ADDRESS **2609 Scott Street**
1.4 CITY-ST-ZIP **Hollywood, FL 33020**

TITLE **ST** ☐ DELETE
NAME **CARBALLO, JAMES**
STREET ADDRESS **2550 S.W. 18TH TERRACE #1703**
CITY-ST-ZIP **FT. LAUDERDALE FL 33315**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 typed or printed name of signing officer or director)

James Carballo, President

3/3/96

(954)929-2081

(Date)

Daytime Phone #

CP2E034 (12/95)