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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90039 017 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000075706

INTERNATIONAL DISPLAY SOLUTIONS, INC.

							_	i 18011081 118 (8)81 Bibli 80113		1 <b>510</b> 1 <b>4</b> 1111 187	AR <b>Brito B</b> irl 1881
Principal Place of Business Mailing Address							,				
2609 SCOTT STREET 2609 SCOTT STREET										•	•
			HOLLYWOOD FL 33020								
US .		U5	US				DO NOT WRITE IN THIS SPACE				
							3.	Date Incorporated or Qualifer 10/02/1995	d		
2. Principal Place of Business			2a. Mailing Address				4.	FEI Number		F	Applied For
21			26					65-0609389			Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				T_	Certifcate of Status Desired		\$8.75	Additional
22			7					Certificate of Status Desired		Fee F	Required
City & State			City & State				6.	Election Campaign Financing	, <sub>(1</sub>	\$5.00	May Be
23		28					$\bot$	Trust Fund Contribution		Addec	d to Fees
Zip	Country	Щ	Zip	Cour	ntry		8.	This corporation owes the cu	rrent year Int		<b>-</b>
24	25	29		30			Personal Property Tax. Yes No				
	9. Name and Address of Current	! Regis	tered Agent		241	····	10.	Name and Address of New	Registered	Agent	
CA	RBALLO, JAMES D			1	81	Name		•			
2609 SCOTT STREET				Ī	82	Street Addre	ess (P	P.O. Box Number is Not Accep	table)		
HOLLYWOOD FL 33020											
110	A				83						
	K			ŀ	84	City				****	Code
· <u> </u>						-		No. of the second	FL	-	
office or	nt to the provisions of Sections 607.0502 registered agent, or both, in the State cam familiar with, and accept the obligation	of Florid tions of,	da. Such change was a , Section 607.0505, Flo	authorized lorida Statu	by ti utes. حم	the corporation	n's bo	oard of directors. I hereby according	ept the appoi	ntment as r	egistered
12.	OFFICERS AND			13.	· · ·			ADDITIONS/CHANGES TO O	FFICERS AN	ID DIRECT	ORS IN 12
TITLE	PD		☐ DELETE	1.1 T?TI	LE			11.0-520	<u></u>	Change	
NAME	CARBALLO, JAMES			1.2 NAJ	ME						
STREET ADDRESS	AAAA AAATT ATREET					ADDRESS				•	
CITY-ST-ZIP	HOLLYWOOD FL			1.4 CIT							
TITLE	EVP		☐ DELETE	2.1 TITE				<del></del> ,		☐ Change	Addition
NAME	CARBALLO, ISABEL COSIO			2.2 NA						_	_
STREET ADDRESS	ACCO COOTT OT			1		ADDRESS				•	
CITY-ST-ZIP	HOLLYWOOD FL			2.4 CIT				, -		***	
TITLÉ			☐ DELETE	3.1 TITL		7-21				☐ Change	Addition
NAME				3.2 NA							_
STREET ADDRESS	e l					ADDRESS					
CITY-ST-ZIP *	îk			3.4. CIT							
TITLE	:		☐ DELETE	4.1 TITL		1-21-				[7] Change	Addition
NAME				4.2 NA						_	
STREET ADDRESS	e l					ADDRESS				**	
CITY-ST-ZIP	· ·			4.3 ST							
TITLE			☐ DELETE	5.1 TITL		-214			<del></del>	Change	Addition
NAME .	3			5.2 NAM							
						ADDRESS		,			
STREET ADDRESS	S .			5.4 CM		1					
CITY-ST-ZIP TITLE	<del>  '</del>		☐ DELETE	6.1 TITL		-21		~		☐ Change	Addition
			Li pechic	6.2 NAA						Grange	
NAME						ADDRESS .					
STREET ADDRESS	\$			0.3 511	KEELA	AUURESS					

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.

SIGNATURE:

CITY-ST-ZIP