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Apr 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000015967 (8)

1. Corporation Name  
DISPLAY MERCHANDISING CONCEPTS, INC.

Principal Place of Business  
1735 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

Mailing Address  
1735 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134-4416



2. Principal Place of Business

21 12420 SW. 75 ST.  
Suite, Apt. #, etc.

22 City & State  
MIAMI, FL

23 Zip Country  
33183 DADE

24 33183

2a. Mailing Address

26 12420 SW. 75 ST.  
Suite, Apt. #, etc.

27 City & State  
MIAMI, FL

28 Zip Country  
33183 DADE

29 33183

30 DADE

9. Name and Address of Current Registered Agent

ST. GEORGE, M. JEFFREY ESQ.  
1735 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified  
02/21/1996

3a. Date of Last Report  
N/A

4. FEI Number

65-0658935

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

10. Name and Address of New Registered Agent

81 Name

GUILLERMO CARDOSO

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

12420 SW. 75 ST.

83

84 City

MIAMI, FL

FL

85 Zip Code

33183

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME ST. GEORGE, M. JEFFREY  
STREET ADDRESS 1735 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME GUILLERMO CARDOSO  
1.3 STREET ADDRESS 12420 SW. 75 ST.  
1.4 CITY-ST-ZIP MIAMI, FL. 33183

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

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director  
Guillermo Cardoso

3/3/97 (305)596-0685

Date Daytime Phone #

CR2E034 (9/96)