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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000053604 (0)

AIA DISPLAYS CORPORATION

Principal	Place	of	Business
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Mailing Address

355 N.E. 70TH STREET MIAM! FL 33138

355 N.E. 79TH STREET MIAMI FL 33138-4849

## FILED May 05 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 3s. Date of Last Report 06/24/1996			
2. Principal Pl	lace of Business	2a. Mailing Ad	dress	···		4. FEI Number Applied For			
21		26				65 0679059 Not Applicable			
Sulte, Apt.	#, etc.	Suite, Apt.	#, etc.			SR 75 Additional			
22		27				5. Certificate of Status Desired Fee Regulred			
City & State	9	City & Stat	е	,		6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution			
Zip	Country	Zip	[	Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29		30		Florida Statutes Yes No			
	g. Name and Address of Current	Registered Agen	t			10. Name and Address of New Registered Agent			
	BIN, IRA			81	Name				
8965 N.E. 10TH AVENUE			82	82 Street Address (P.O. Box Number is Not Acceptable)					
MIAN	VII FL 33138			L.					
				83					
				84	City	■■ 85 Zip Code			
				*.	Ony	FL   S   Z   F   COOC			
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	if Florida. Such ch	ange was at	uthorized by	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered			
O'GITATIONE .	Signature, typed or printed name of registered agen		(NOTE	Registered Ago	nt signature re	required when reinstaling) CATE			
12.	OFFICERS AND			13.	<del></del> ,-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	ليا	DELETE	11 TITLE	ŀ	☐ Change ☐ Addition			
NAME	KNIGIN, IRA			1.2 NAME	Ì	÷			
STREET ADDRESS	8965 N.E. 10TH AVENUE			1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33138		·	1.4 CiTY - S	T - ZIP				
TITLE	D	<b>□</b>	DELETE	2.1 THILE	ļ	☐ Change ☐ Addition			
NAME	CONTRERAS, RUFINO	,		2.2 NAME					
STREET ADDRESS	9585 COLLINS AVE. #2306			2.3 STREET	ADDRESS				
CITY-ST-ZIP	SURFSIDE FL 33154			2. 4 CITY - 1	ST-ZIP				
TITLE	D		DELFTE	3.1 TITLE		Change Addition			
NAME	KNIGIN, PAULA			3.2 NAME	ļ	•			
STREET ADDRESS	355 N.E. 79TH AVENUE			3.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33138			3 4. CITY-5	ST-ZIP				
TITLE			DELETE	4.1 THILE		Change Addition			
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY-S	T-ZIP				
TITLE			DELETE	5.1 TITLE		☐ Change ☐ Addition			
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY - S	T-ZIP				
TITLE			DELETE	6.1 TITLE		Change Addition			
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS	,			
CITY-ST-ZIP				6.4 CHY-S					
14. I do hereb	by certify that the information supplied	with this filing doe	s not qualify	for the exe	mption sta	ated 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.									