PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P98000002128**1. Corporation Name

INTERNA	ATIONAL DISPLAY CENTER	, INC.								
Principal Place	e of Business	Mailing Address				idelines (18. (bin) inein natus a	ari) 981ti 48tti 41	41\$ 148m +1818	11861 1811 1801	
7394 NW 8TH STREET 7394 NW 8TH STREET MIOMI FL 33126 MIOMI FL 33126						DO NOT WR	ITE IN THIS S	SPACE		
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					1 •	8/1998			!	
2. Principal P	lace of Business	2a. Mailing Address			4 FE Nu	ımber		Apr	plied For	
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28 28								\$8.75 A		:=
22		27			S. Ceruic	ate of Status Desired		Fee Re	quired	ļ
City & State City & State					6. Electio	6. Election Campaign Financing		\$5.00 мау Ве		ĺ
23 MIAMI 28 MIAMI						Fund Contribution		Added to	Fees	
Zip	Country	Country Zip		intry		orporation owes the cu		ngible	۶ بنند ستندوسود. معالمه	> -= ===
24	25	29	30			Personal Property Tax. Yes ,>No 10. Name and Address of New Registered Agent			٥٩٥ د	
	9. Name and Address of Currer	t Registered Agent		81 Name	10. Name	and Address of Hem	IVAGISTE: 60 N	Ba		
GHA	INDOUR, HUSSEIN									
7394 NW 8TH STREET				82 Street	Address (P.O. Box	k Number is Not Accep	table)		I	ĺ
MICMI FL 33126				83						}
	1 6 30 120			[]						
				84 City	MAIN		FL	85 Zip C	ode	
44 Dumugnt	to the provisions of Sections 607.050	12 and 607 1508. Florida Statu	tes the a	 		its this statement for th	numaca of c	hanging Its	registered	
					oration's board of	directors. I hereby acco	opt the appoin	iment as reg	jistered	
agent. la	im familiar with, and accept the obliga		NICO CIGI	Mico.						
signature	HUSSEIN GH	landour			equired when reinstating)	·	DATE	····—		6
1	HUSSEIN GF Signature, typed or printed name of registered age	landour			ADDITIO	ONS/CHANGES TO 0	DATE	DIRECTO	RS IN 12	1/98)
SIGNATURE	HUSSEIN GF Signature, typed or printed name of registered age	ANDOUR.	: Registered	Agent signature i	ADDITION V/D	ONS/CHANGES TO O	DATE	····—		(11/98)
SIGNATURE	HUSSEIN GH Signature, typed or printed name of registered ager OFFICERS AN	IANDOUR. Int and title if applicable. (NOT) ID DIRECTORS	13. 1.1 Ti	I Agent signature i TILE AME	ADDITION OUR	ONS/CHANGES TO O	DATE	DIRECTO	RS IN 12	334 (11/98)
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SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ages OFFICERS AN D GHANDOUR, HUSSEIN	ANDOUR (NOT) IN DIRECTORS DELETE	13. 1.1 77 1.2 N 1.3 S 1.4 C	I Agent signature i TILE AME TREET ADDRESS	ADDITION OF THE PROPERTY OF TH	ONS/CHANGES TO O	DATE	DIRECTOI	RS IN 12	CR2E034 (11/98)
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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.

6.4 CITY-ST-ZIP

STOUTHER HUSSEIN GHANDOY 2/25/205-266-1038

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90110 032 ***150.00