

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90055 032 \*\*\*150.00

DOCUMENT # P98000046156

1. Corporation Name  
LCD DESIGN, INC.

Principal Place of Business  
2545 EAST SUNRISE BOULEVARD  
SUITE 150  
FT LAUDERDALE FL 33304

Mailing Address  
2545 EAST SUNRISE BOULEVARD  
SUITE 150  
FT LAUDERDALE FL 33304



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1998

4. FEI Number

65-0837785

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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 PD  
NAME COMBROUZE, LAURENCE  
STREET ADDRESS 2545 EAST SUNRISE BOULEVARD  
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE VD  
NAME LACAZE, DOMINIQUE J  
STREET ADDRESS 2545 EAST SUNRISE BOULEVARD  
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE STD  
NAME DICHAMPT, CAROLE  
STREET ADDRESS 2545 EAST SUNRISE BOULEVARD  
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME BEL CASTEL  
2.3 STREET ADDRESS 46170 CEZAC - FRANCE  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME BEL CASTEL  
3.3 STREET ADDRESS 46170 CEZAC - FRANCE  
3.4 CITY-ST-ZIP

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COMBROUZE Laurence

Date

9/12/99

Daytime Phone

(954)  
566 7303

CR2E034 (11/98)

0281967