

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90139 039 ***150.00

DOCUMENT # P97000017540

1. Corporation Name
KICK ADS GRAPHICS, INC.

Principal Place of Business
6260 NW 173RD STREET #1104
MIAMI FL 33015

Mailing Address
6260 NW 173RD STREET #1104
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/20/1997

4. FEI Number
65-0731815

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 5348 SW 126th Av.
Suite, Apt. #, etc.

2a. Mailing Address
26 5348 SW 126th Av.
Suite, Apt. #, etc.

City & State
23 MIRAMAR, FL.

City & State
28 MIRAMAR, FL.

Zip Country
24 33027 25 BROWARD

Zip Country
29 33027 30 BROWARD

9. Name and Address of Current Registered Agent

PIERESCHI, ALEXANDER
6260 NW 173RD STREET #1104
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name PIERESCHI, ALEXANDER
82 Street Address (P.O. Box Number is Not Acceptable)
5348 SW 126th AVENUE
83
84 City MIRAMAR FL 85 Zip Code 33027

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 *Alexander Piereschi*

4-29-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PTD
NAME PIERESCHI, ALEXANDER
STREET ADDRESS 6260 NW 173RD STREET #1104
CITY-ST-ZIP MIAMI FL 33015

TITLE VSD
NAME PIERESCHI, VIVIAN
STREET ADDRESS 6260 NW 173RD STREET #1104
CITY-ST-ZIP MIAMI FL 33015

TITLE D
NAME LOPEZ, JOHNNY
STREET ADDRESS 6260 NW 173RD STREET #1104
CITY-ST-ZIP MIAMI FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition
1.2 NAME PIERESCHI, ALEXANDER
1.3 STREET ADDRESS 5348 SW 126th AVENUE
1.4 CITY-ST-ZIP MIRAMAR, FL. 33027

2.1 TITLE VSD ☒ Change ☐ Addition
2.2 NAME PIERESCHI, VIVIAN
2.3 STREET ADDRESS 5348 SW 126th AVENUE
2.4 CITY-ST-ZIP MIRAMAR, FL. 33027

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME LOPEZ, Johnny
3.3 STREET ADDRESS 5348 SW 126th AVENUE
3.4 CITY-ST-ZIP MIRAMAR, FL. 33027

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 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: *Alexander Piereschi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

Daytime Phone #

CR2E034 (11/98)

0132511