

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # S89039

(9)

95 MAY 30 AM 9:00

1. Corporation Name

L & K PRINT AND ADVERTISING, INC.

Principal Place of Business

Mailing Address

**21950 S.W. 98 AVE.
MIAMI FL 33190
US**

**P.O. BOX 700548
MIAMI FL 33170
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/21/1991

3a. Date of Last Report

04/12/1994

4. FEI Number

65-0312562

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAIER, KIRSTEN I.
825 S. BAYSHORE DR.
SUITE 1847
MIAMI FL 33131**

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 reappointing.

DATE

4-4-1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPS**
NAME **LECHNER, WILHELM**
STREET ADDRESS **825 S. BAYSHORE DRIVE, SUITE 1847**
CITY - ST - ZIP **MIAMI FL**

1 **TITLE**
2 **NAME**
3 **STREET ADDRESS**
4 **CITY - ST - ZIP**

☐ Change ☐ Addition

TITLE **TD**
NAME **KUPPER, EVA**
STREET ADDRESS **825 S. BAYSHORE DRIVE, SUITE 1847**
CITY - ST - ZIP **MIAMI FL**

2 **TITLE**
2 **NAME**
3 **STREET ADDRESS**
4 **CITY - ST - ZIP**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3 **TITLE**
3 **NAME**
3 **STREET ADDRESS**
4 **CITY - ST - ZIP**

☐ Change ☐ Addition

TITLE
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4 **TITLE**
4 **NAME**
4 **STREET ADDRESS**
4 **CITY - ST - ZIP**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5 **TITLE**
5 **NAME**
5 **STREET ADDRESS**
5 **CITY - ST - ZIP**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6 **TITLE**
6 **NAME**
6 **STREET ADDRESS**
6 **CITY - ST - ZIP**

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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

KUPPER, Director

DATE

Signature Printed

05.05.95

253-8447