

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN -2 AM 8:58

DOCUMENT # **P94000027857 (9)**

1. Corporation Name  
**ELITE VALET PARKING SYSTEMS, INC.**

Principal Place of Business Mailing Address  
**1440 KENNEDY CAUSEWAY SUITE 308 MIAMI FL 33141** **P O BOX 41-4945 MIAMI BEACH FL 33141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/11/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21 **1055 92ND STREET** 26 **P.O BOX 831620**

4. FEI Number EIN: **65-0553920** Applied For Not Applicable

Suite, Apt. #, etc. 1 27 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State **BAY HARBOR, FL** 28 City & State **MIAMI, FL**

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip **33154** 25 County 29 Zip **33283** 30 Country

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ESTREMADOYRO, CARLOS R  
1440 KENNEDY CAUSEWAY  
SUITE 308  
MIAMI FL 33141**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **1055 92ND STREET #1**  
83  
84 City **BAY HARBOR** FL 85 Zip Code **33154**

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]*

5-26-95

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>ESTREMADOYRO, CARLOS R</b>
STREET ADDRESS	<b>1055 92ND ST APT 1</b>
CITY ST ZIP	<b>BAY HARBOR FL 33154</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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 119.07(3)(b), 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]*

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-95 (7-8) 271-2622