

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 11 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000045305 (7)**

1. Corporation Name

**FLAMINGO VALET PARKING SERVICES INC.**

Principal Place of Business

Mailing Address

6306 MILLS DRIVE  
SUITE 626  
MIAMI FL 33183

6306 MILLS DRIVE  
SUITE 626  
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

06/13/1994

2. Principal Place of Business

28. Mailing Address

4. FEI Number

Applied For

21

26

65-0502785

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fees Required

22

27

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23

28

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAYMAN, MICKY  
6306 MILLS DRIVE  
SUITE 626  
HALEAH FL 33183

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 (hand or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SAYMAN, MICKY  
STREET ADDRESS 6306 MILLS DRIVE  
CITY- ST- ZIP MIAMI FL 33183

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

Change  Addition

TITLE STD  
NAME SAYMAN, CRISTINA  
STREET ADDRESS 6306 MILLS DRIVE  
CITY- ST- ZIP MIAMI FL 33183

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

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5 1 TITLE  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY- ST- ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6 1 TITLE  
6 2 NAME  
6 3 STREET ADDRESS  
6 4 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 as an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-03-95

305-398-3322

Title

Telephone Number