

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

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 150889

(4)

1. Corporation Name

ALLRIGHT MIAMI, INC.



Principal Place of Business

150 S E 2ND AVENUE  
SUITE 900  
MIAMI FL 33131  
US

Mailing Address

P O BOX 53390  
HOUSTON TX 77052-3390  
US

3. Date Incorporated or Qualified

05/01/1947

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

74-1054161

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MASSEY, LARRY P.	
STREET ADDRESS	150 SE 2ND, STE 900	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MEYER, BERNARD M.	
STREET ADDRESS	1111 FANNIN, STE 1300	
CITY - ST - ZIP	HOUSTON TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAYDEN, A. J.	
STREET ADDRESS	1111 FANNIN, STE 1300	
CITY - ST - ZIP	HOUSTON TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PAGE, LARRY A.	
STREET ADDRESS	1111 FANNIN, STE 1300	
CITY - ST - ZIP	HOUSTON TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WISE, KEITH	
STREET ADDRESS	1120 PRAIRIE	
CITY - ST - ZIP	HOUSTON TX	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	TRAVIS, ANDREW D.	
STREET ADDRESS	1111 FANNIN, STE 1300	
CITY - ST - ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Wise VPI Controller

4/29/97 713-222-7112

Date Daytime Phone # 0495791

CR2E034 (9/96)