

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

95 JUL -6 AM 8:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K14898 (6)

**1. Corporation Name
ROSS PARKING SYSTEMS, INC.**

**Principal Place of Business Mailing Address
220 MIRACLE MILE SUITE 235 CORAL GABLES FL 33134 P.O. BOX 45-3533 MIAMI FL 33245**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/12/1988		3a. Date of Last Report 11/10/1994	
4. Fil Number 65-0029592		Accepted For Not Accepted	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Taxed (withholding tax) Not Taxed (withholding tax) <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for unreported tax under s. 100.012 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. <input type="checkbox"/>	25. <input type="checkbox"/>	29. <input type="checkbox"/>	30. <input type="checkbox"/>

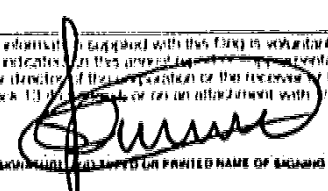
9. Name and Address of Current Registered Agent ROSENDE, ENRIQUE J. 38 S.W. 22ND ROAD MIAMI FL 33129				10. Name and Address of New Registered Agent			
81. Name ENRIQUE PINEIRO		82. Street Address (P.O. Box Number is Not Acceptable) 220 MIRACLE MILE		83. SUITE 235		84. City MIAMI	
				85. FL		86. Zip Code 33134	

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 (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:  **ENRIQUE PINEIRO VP** 6/12/95

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
TITLE PD	NAME ROSENDE, ENRIQUE	TITLE PD	NAME Rosende, Enrique
STREET ADDRESS 38 S.W. 22ND ROAD	CITY, ST. ZIP MIAMI FL	STREET ADDRESS 220 MIRACLE MILE # 235	CITY, ST. ZIP Coral Gables, FL 33134
TITLE VSD	NAME PINEIRO, ENRIQUE	TITLE VSD	NAME PINEIRO, ENRIQUE
STREET ADDRESS 6954 S.W. 28 STREET	CITY, ST. ZIP MIAMI FL	STREET ADDRESS 235 MIRACLE MILE # 235	CITY, ST. ZIP CORAL GABLES, FL 33134
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY, ST. ZIP	STREET ADDRESS	CITY, ST. ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY, ST. ZIP	STREET ADDRESS	CITY, ST. ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY, ST. ZIP	STREET ADDRESS	CITY, ST. ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY, ST. ZIP	STREET ADDRESS	CITY, ST. ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(1)(c), Florida Statutes. I further certify that the information indicates that the person(s) named herein consented to the appointment of the registered agent and that my signature shall have the same legal effect as if made under oath. 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 Book 12 or Book 13 of the records of the corporation or as an attachment with the address.

SIGNATURE:  **ENRIQUE PINEIRO** 6/12/95 **449-0019**

CR2E034 (3/95)