

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K14898 (6)**  
1. Corporation Name  
**ROSS PARKING SYSTEMS, INC.**



Principal Place of Business  
**220 MIRACLE MILE SUITE 235 CORAL GABLES FL 33134**

Mailing Address  
**P.O. BOX 45-3533 MIAMI FL 33245**

3. Date Incorporated or Qualified **02/12/1988** 3a. Date of Last Report **07/06/1995**

4. FEI Number **65-0029592** 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

2. Principal Place of Business 21  
Suite, Apt. #, etc. 22  
City & State 23  
Zip 24 Country 25

2a. Mailing Address 26  
State, Apt. #, etc. 27  
City & State 28  
Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**PINEIRO, ENRIQUE  
220 MIRACLE MILE  
SUITE 235  
MIAMI FL 33134**

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. The city except the appointment as registered agent. I am familiar with, and agree, the provisions of Section 607.0505, Florida Statutes.

*SAME*

SIGNATURE **ENRIQUE PINEIRO** V-President 4-9-96

12. OFFICERS AND DIRECTORS

TITLE	PD	ROSENDE, ENRIQUE	<input type="checkbox"/> DELETE
NAME		235 MIRACLE MILE, SUITE 235	
STREET ADDRESS		CORAL GABLES FL	
CITY-STATE-ZIP			
TITLE	VSD	PINEIRO, ENRIQUE	<input type="checkbox"/> DELETE
NAME		235 MIRACLE MILE, SUITE 235	
STREET ADDRESS		CORAL GABLES FL	
CITY-STATE-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-STATE-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-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(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: **Enrique Pineiro VP** 4-9-96

CR2E034 (12/95)