

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:15

DOCUMENT # L80598

(0)

1. Corporation Name

VIP'S PARKING SYSTEMS, INC.

Principal Place of Business

Mailing Address

2436 S.W. 109TH AVENUE
MIAMI FL 33165

2436 S.W. 109TH AVENUE
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1990

3a. Date of Last Report

06/13/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0342957

Applied For

New Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINTADO, FRANK
2436 S.W. 109TH AVENUE
MIAMI FL 33165

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 607.0803 and 607.1503, 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 607.0805, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME

D

NAME

PINTADO, FRANK

STREET ADDRESS

2436 S.W. 109TH AVENUE

CITY, STATE, ZIP

MIAMI FL

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

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CITY, STATE, ZIP

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NAME

STREET ADDRESS

CITY, STATE, ZIP

14. NAME

15. NAME

16. STREET ADDRESS

17. CITY, STATE, ZIP

18. NAME

19. NAME

20. STREET ADDRESS

21. CITY, STATE, ZIP

22. NAME

23. NAME

24. STREET ADDRESS

25. CITY, STATE, ZIP

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27. NAME

28. STREET ADDRESS

29. CITY, STATE, ZIP

30. NAME

31. NAME

32. STREET ADDRESS

33. CITY, STATE, ZIP

34. NAME

35. NAME

36. STREET ADDRESS

37. CITY, STATE, ZIP

38. NAME

39. NAME

40. STREET ADDRESS

41. CITY, STATE, ZIP

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFY OFFICER OR DIRECTOR

1/10/95

505-554-0007