

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 10 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M43140** (6)
1. Corporation Name:
CENTRE CITY PARKING, INC.

Principal Place of Business
**170 NE FIRST STREET
MIAMI FL 33132-2502**

Mailing Address
**2980 MCFARLANE ROAD
203
MIAMI FL 33133
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/12/1986

3a. Date of Last Report
01/19/1994

4. FEI Number
59-2755543

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 **100 N. BISCAYNE BLVD**
Suite, Apt. #, etc.
22 **406**

2a. Mailing Address
26 **100 N. BISCAYNE BLVD**
Suite, Apt. #, etc.
27 **406**

City & State
23 **MIAMI**
28 **MIAMI**

Zip Country
24 **33132** 25 **DADE**
29 **33132** 30 **DADE**

9. Name and Address of Current Registered Agent

**MEYERS, MICHAEL
2980 MCFARLANE ROAD
203
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
100 N. BISCAYNE BLVD
83 **SUITE 406**
84 City **MIAMI** FL 85 Zip Code **33132**

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 Michael Meyers 4/4/95
Signature, typed or printed name of registered agent and date of signature. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MEYERS, MICHAEL A.
STREET ADDRESS	9570 JOURNEY'S END ROAD
CITY - ST - ZIP	CORAL GABLES FL
TITLE	V
NAME	LEE SCHWARTZ
STREET ADDRESS	2980 MCFARLANE RD SUITE 203
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	ALFREDO ARDON
STREET ADDRESS	2980 MCFARLANE RD SUITE 203
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	IRIS DELORO
STREET ADDRESS	2980 MCFARLANE RD #203
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	LUZ LEAL
STREET ADDRESS	9590 JOURNEY'S END RD
CITY - ST - ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	100 N. BISCAYNE BLVD SUITE 406
1.4 CITY - ST - ZIP	MIAMI FL 33132
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	100 N. BISCAYNE BLVD SUITE 406
2.4 CITY - ST - ZIP	MIAMI FL 33132
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	100 N. BISCAYNE BLVD SUITE 406
3.4 CITY - ST - ZIP	MIAMI FL 33132
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	100 N. BISCAYNE BLVD SUITE 406
4.4 CITY - ST - ZIP	MIAMI FL 33132
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	100 N. BISCAYNE BLVD SUITE 406
5.4 CITY - ST - ZIP	MIAMI FL 33132
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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:

Michael Meyers 4/4/95 305 577-0488
Signature and typed or printed name of signing officer or director (NOTE: Signature required)