


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

FILED
Apr 24 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 # M55286 (2) 1. Corporation Name CARIBBEAN PARKING ASSOCIATES, INC.					
Principal Place of Business 18400 WEST DIXIE HWY NORTH MIAMI BEACH FL 33180			Mailing Address 18400 WEST DIXIE HWY NORTH MIAMI BEACH FL 33180-2048		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/09/1987	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 04/11/1996	
22 City & State		27 City & State		4. FEI Number 65-0073504	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent LISS, MITCHELL 18400 WEST DIXIE HWY SUITE D NORTH MIAMI BCH FL 33180				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				FL	
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 _____ (NO: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11. TITLE					
12. NAME					
13. STREET ADDRESS					
14. CITY - ST - ZIP					
21. TITLE					
22. NAME					
23. STREET ADDRESS					
24. CITY - ST - ZIP					
31. TITLE					
32. NAME					
33. STREET ADDRESS					
34. CITY - ST - ZIP					
41. TITLE					
42. NAME					
43. STREET ADDRESS					
44. CITY - ST - ZIP					
51. TITLE					
52. NAME					
53. STREET ADDRESS					
54. CITY - ST - ZIP					
61. TITLE					
62. NAME					
63. STREET ADDRESS					
64. CITY - ST - ZIP					



CR2E034 (9/96)

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.

Mitchell Liss
SIGNATURE: _____
04/16/97 (305) 932-8600