

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000027857 (9)**

1. Corporation Name
ELITE VALET PARKING SYSTEMS, INC.



Principal Place of Business
**1055 92ND ST
1
BAY HARBOR FL 33154
US**

Mailing Address
**P O BOX 831620
MIAMI FL 33283
US**

3. Date Incorporated or Qualified **04/11/1994** 3a. Date of Last Report **06/02/1995**

4. FCI Number **65-0553920** 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. 193.032, Florida Statutes. Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

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23 28

24 25 29 30

9. Name and Address of Current Registered Agent

**ESTREMADOYRO, CARLOS R
1055 92ND ST
BAY 1
BAY HARBOR FL 33154**

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ESTREMADOYRO, CARLOS R	
STREET ADDRESS	1055 92ND ST APT 1	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME	
3 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 NAME	
7 STREET ADDRESS	
8 CITY-ST-ZIP	
9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10 NAME	
11 STREET ADDRESS	
12 CITY-ST-ZIP	
13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 NAME	
15 STREET ADDRESS	
16 CITY-ST-ZIP	
17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 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 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: _____ DATE: **5-17-96** (305) 271-2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)