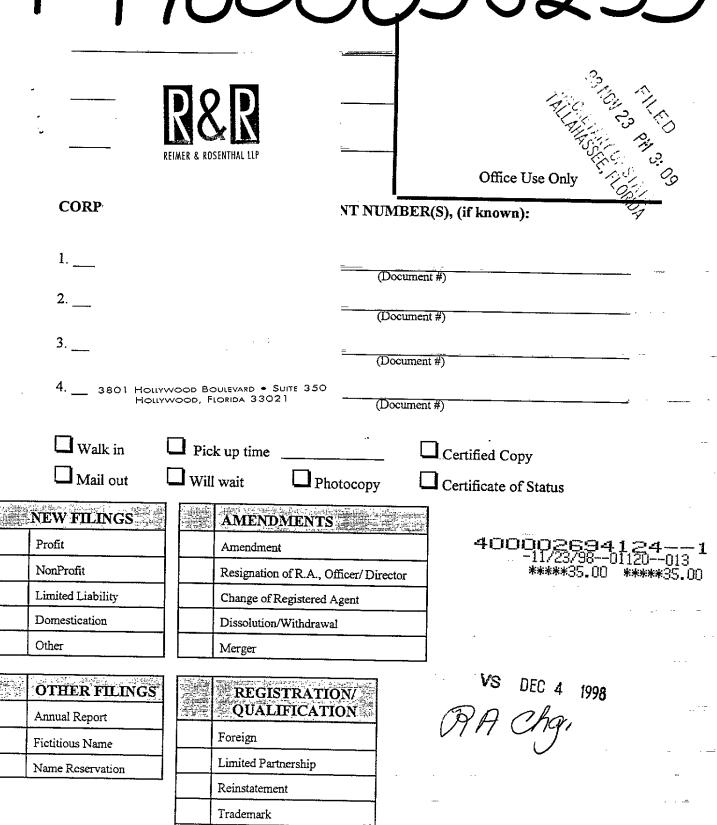
P9700038255



Other

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, undersigned corporation organized under the laws of the St	
submits the following statement in order to change its regist	
State of Florida.	
1. The name of the corporation is: <u>Caribbean Park</u>	ing Systems, Inc.
2. The mailing address of the corporation is: 1550 N.F	Miami Gardens Drive,
Suite 204, North Miami Beach, Flor	ida_33162
3. Date of incorporation/qualification: 4/29/97	Document number: p97000038255
4. The name and address of the current registered agent and	office:
Filings, Inc.	33311 ice: (P. O. Box Not Acceptable)
3732 N.W. 16th Street	
Fort Lauderdale, Florida	33311
5. The name and address of the new registered agent and off	ice: (P. O. Box Not Acceptable)
Alex P. Rosenthal	O STATE OF THE STA
3801 Hollywood Boulevard	Suite 350
Hollywood, Florida 3302	· ·
The street address of its registered office and the street adagent, as changed, will be identical.	dress of the business office of its registered
Such change was authorized by resolution duly adopted authorized by the board.	y its board of directors or by an officer so
Mitota	- 11/19/98
Eignature of an officer, chairman or vice chairman of the	board) (Date)
Mitchell Liss, President (Printed or typed name and title)	<u> </u>
· · · · · · · · · · · · · · · · · · ·	(Date)
Having been named as registered agent and to accept se corporation. I hereby accept the appointment as register I further agree to comply with the provisions of all statu performance of my duties, and I am familiar with and acregistered agent.	rvice of process for the above stated red agent and agree to act in this capacity. tes relative to the proper and complete ccept the obligation of my position as
Car Ptal	11-19-98
(Signature of Registered Agent)	11-19-98 (Date)
If signing on behalf of an entity:	
Alex Rosenthal (Typed or Printed Name)	(Capacity)
CR2E045(4/95)	FILING FEE: \$35.00