

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 FEB 27 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000001079 (1)**

1. Corporation Name  
**VELVET TOUCH CRANE SERVICE, INC.**

Principal Place of Business Mailing Address  
**PO BOX 0757 MIAMI SPRINGS FL 33206** **PO BOX 0757 MIAMI SPRINGS FL 33206**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>01/04/1993</b>	<b>05/01/1994</b>
4. FEI Number	Applied For
<b>65-0379476</b>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**KNOWLES, ROBERT**  
**3220 SW 79 COURT**  
**MIAMI FL 33155**

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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title of application (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>VAN TUYN, SABINA</b>
STREET ADDRESS	<b>PO BOX 0757 N/A</b>
CITY - ST - ZIP	<b>MIAMI SPRINGS FL 33206</b>
TITLE	<b>D</b>
NAME	<b>KTOWBS, ROBERT</b>
STREET ADDRESS	<b>P.O. BOX 0757 N/A</b>
CITY - ST - ZIP	<b>MIAMI SPRINGS FL</b>
TITLE	<b>Vice</b>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<b>Director + President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
21. TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>KNOWLES, ROBERT</b>
23. STREET ADDRESS	<b>same</b>
24. CITY - ST - ZIP	
31. TITLE	<b>Vice-President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	<b>Richard G. Mallet</b>
33. STREET ADDRESS	<b>16945 SW 119 place</b>
34. CITY - ST - ZIP	<b>Miami, FL 33177</b>
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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(2)(b), 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 or in an attachment with an address.

SIGNATURE: **SABINA VAN TUYN** **2/13/95** **305 888 LEFT**