

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 20 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000001079 (1)

1. Corporation Name  
 VELVET TOUCH CRANE SERVICE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 PO BOX 0757  
 MIAMI SPRINGS FL 33266

Mailing Address  
 PO BOX 0757  
 MIAMI SPRINGS FL 33266

3. Date Incorporated or Qualified  
 01/04/1993

4. FEI Number  
 65-0379476

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
 21 2215 NW 15 ST  
 22 Suite, Apt. #, etc.  
 23 Miami, FL  
 24 (no mail) 25 yesterday

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 Zip Country  
 30

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

12. OFFICERS AND DIRECTORS

TITLE	OP	<input checked="" type="checkbox"/> DELETE
NAME	VAN TUYN, SABINA	
STREET ADDRESS	PO BOX 0757 N/A	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	KNOWLES, ROBERT	
STREET ADDRESS	P.O. BOX 0757 N/A	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MOLLER, RICHARD G.	
STREET ADDRESS	16945 SW 119 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ARGUETCI, RONALD	
STREET ADDRESS	P.O. BOX 0757	
CITY-ST-ZIP	MIAMI SPRINGS FL 33266	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLAN, OSCAR	
STREET ADDRESS	1341 W 33RD ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jose Guillermo Berrios	
1.3 STREET ADDRESS	13831 SW 42 Terr	
1.4 CITY-ST-ZIP	Miami, FL 33175	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	J. G. Berrios	
5.3 STREET ADDRESS	13831 SW 42 Terr	
5.4 CITY-ST-ZIP	Miami, FL 33175	
6.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Jose G. Berrios	
6.3 STREET ADDRESS	13831 SW 42 Terr	
6.4 CITY-ST-ZIP	Miami, FL 33175	

14. I 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.

SIGNATURE: \_\_\_\_\_ DATE: 8/17/98 3058285438

CR2E034 (5/98)