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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90194 019 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000001079**

1. Corporation Name
VELVET TOUCH CRANE SERVICE, INC.



Principal Place of Business
**2215 NW 15 ST
 MIAMI FL 33266
 US**

Mailing Address
**PO BOX 0757
 MIAMI SPRINGS FL 33266**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

01/04/1993

4. FEI Number

65-0379476

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 owes the current year intangible Personal Property Tax. Yes 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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **DP JOSE GUILLRNO BERRIOS**
 STREET ADDRESS **13831 SW 42 TERR**
 CITY-ST-ZIP **MIAMI FL 33175**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **EVP KNOWLES, ROBERT**
 STREET ADDRESS **P.O. BOX 0757 N/A**
 CITY-ST-ZIP **MIAMI SPRINGS FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VP MOLLER, RICHARD G.**
 STREET ADDRESS **16945 SW 119 PLACE**
 CITY-ST-ZIP **MIAMI FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VP ARGUETCI, RONALD**
 STREET ADDRESS **P.O. BOX 0757**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33266**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **T T G BERRIOS**
 STREET ADDRESS **13831 SW 42 TERR**
 CITY-ST-ZIP **MIAMI FL 33175**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME **S JOSE G BERRIOS**
 STREET ADDRESS **13831 SW 42 TERR**
 CITY-ST-ZIP **MIAMI FL 33175**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 **305 888 5438**

Date

Daytime Phone #

CR2E034 (11/98)