


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 280944 1. Entity Name NUCRANE CORPORATION	
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Principal Place of Business 2100 PONCE DE LEON SUITE 700 CORAL GABLES, FL 33134	Mailing Address 2100 PONCE DE LEON SUITE 700 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



03062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1050265	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CRANE, N A
2100 PONCE DE LEON #700
CORAL GABLES, FL 33134

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and sole if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000124026 04/22/04-80028-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRANE, N A 10 EDGEWATER DRIVE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY, JEAN K. 10 EDGEWATER DRIVE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRANE JR, NICHOLAS A 1000 VENETIAN WAY MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRANE, LISA 10 EDGEWATER DR. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIMART, SUSAN 8875 S.W. 172ND TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Rimart, SUSAN RIMART 3/30/04 305-445-8261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #