

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90226 049 \*\*\*150.00

DOCUMENT # 280944

1. Entity Name  
NUCRANE CORPORATION



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

14008102



04252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1050265 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$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

**DO NOT WRITE  
IN THIS SPACE**

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CRANE, N A  
STREET ADDRESS 10 EDGEWATER DRIVE  
CITY-ST-ZIP MIAMI, FL 33133  
TITLE D  
NAME MAY, JEAN K.  
STREET ADDRESS 10 EDGEWATER DRIVE  
CITY-ST-ZIP MIAMI, FL 33133  
TITLE VD  
NAME CRANE JR, NICHOLAS A  
STREET ADDRESS 1000 VENETIAN WAY  
CITY-ST-ZIP MIAMI, FL 33139  
TITLE D  
NAME CRANE, LISA  
STREET ADDRESS 10 EDGEWATER DR.  
CITY-ST-ZIP MIAMI, FL 33133  
TITLE S  
NAME RIMART, SUSAN  
STREET ADDRESS 8875 S.W. 172ND TERRACE  
CITY-ST-ZIP MIAMI, FL 33157  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Rimart, SUSAN RIMART 4/25/05  
Date Daytime Phone

305-445-8261