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).

PROFIT CORPORATION ANNUAL REPORT **1998**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Aug 20 1998 8:00am
Secretary of State

DOCUMENT # P93000001079 (1)
1. Corporation Name

VELVET TOUCH CRANE SERVICE, INC.

Principal Place of Business	Mailing Address
PO BOX 0757 MIAMI SPRINGS FL 33266	PO BOX 0757 MIAMI SPRINGS FL 33266

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/04/1993**	
4. FEI Number **65-0379476**	Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address	
21 _2215 NW 15 Str_	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23 _Miami, FL_	City & State 28	6. Election Campaign Financing ☐ $5.00 May Be Trust Fund Contribution Added to Fees
Zip 24 _(To mail)_ Country 25 _yearly_	Zip 29 Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KNOWLES, ROBERT 3220 SW 79 COURT MIAMI FL 33155	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 **DP**	☒ DELETE	1.1 TITLE _Director/President_	☒ Change	☒ Addition
NAME **VAN TUYN, SABINA**		1.2 NAME _Jose Guillermo Berrios_		
STREET ADDRESS **PO BOX 0757 N/A**		1.3 STREET ADDRESS _13831 SW 42 Terr_		
CITY-ST-ZIP **MIAMI SPRINGS FL**		1.4 CITY-ST-ZIP _Miami, FL 33175_		
TITLE **EVP**	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME **KNOWLES, ROBERT**		2.2 NAME		
STREET ADDRESS **P.O. BOX 0757 N/A**		2.3 STREET ADDRESS		
CITY-ST-ZIP **MIAMI SPRINGS FL**		2.4 CITY-ST-ZIP		
TITLE **VP**	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME **MOLLER, RICHARD G.**		3.2 NAME		
STREET ADDRESS **16945 SW 119 PLACE**		3.3 STREET ADDRESS		
CITY-ST-ZIP **MIAMI FL**		3.4 CITY-ST-ZIP		
TITLE **VP**	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME **ARGUETCI, RONALD**		4.2 NAME		
STREET ADDRESS **P.O. BOX 0757**		4.3 STREET ADDRESS		
CITY-ST-ZIP **MIAMI SPRINGS FL 33266**		4.4 CITY-ST-ZIP		
TITLE **D**	☒ DELETE	5.1 TITLE _Treasurer_	☒ Change	☒ Addition
NAME **MILLAN, OSCAR**		5.2 NAME _J. G. Berrios_		
STREET ADDRESS **1341 W 33RD ST**		5.3 STREET ADDRESS _13831 SW 42 Terr_		
CITY-ST-ZIP **HIALEAH FL**		5.4 CITY-ST-ZIP _Miami, FL 33175_		
TITLE	☐ DELETE	6.1 TITLE _Secretary_	☒ Change	☒ Addition
NAME		6.2 NAME _Jose G. Berrios_		
STREET ADDRESS		6.3 STREET ADDRESS _13831 SW 42 Terr_		
CITY-ST-ZIP		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: _____ _8/17/98_

CR2E034 (5/98)