

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 26 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 # P96000074951 (0)

1. Corporation Name  
CRT SERVICE, INC.



Principal Place of Business  
3025 NE 188TH ST.  
BLDG. 2, PLANT 3  
AVENTURA FL 33180

Mailing Address  
3025 NE 188TH ST.  
BLDG. 2, PLANT 3  
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 3131 NE 188 Street
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 Aventura, FL
24 Country	29 33180
25	30 USA

3. Date Incorporated or Qualified	09/06/1996		
4. FEI Number	65-0692226	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

SMITH, SCOTT V  
20801 BISCAYNE BLVD, SUITE 424  
AVENTURA FL 33180

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	
TITLE	P
NAME	SMITH, SCOTT V
STREET ADDRESS	20801 BISCAYNE BLVD, SUITE 424
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P
1.2 NAME	SCOTT V. SMITH
1.3 STREET ADDRESS	3131 NE 188 Street
1.4 CITY-ST-ZIP	Aventura, FL 33180
2.1 TITLE	VP
2.2 NAME	NEILL HERNANDEZ
2.3 STREET ADDRESS	3131 NE 188 Street
2.4 CITY-ST-ZIP	Aventura, FL 33180
3.1 TITLE	CFO
3.2 NAME	Isabel Camejo
3.3 STREET ADDRESS	3131 NE 188 Street
3.4 CITY-ST-ZIP	Aventura, FL 33180
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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.

SIGNATURE: SCOTT V. SMITH 6/30/98 305-931-4564

CR2E034 (5/98)