

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

SEP 11 AM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K32470** (2)

1. Corporation Name

~~RAMBO COMMUNICATIONS, INC.~~
RAMBO MED. INTL. INC.

Principal Place of Business

4460 SW 13TH ST
MIAMI FL 33134-2721
US

Mailing Address

3400 CORAL WAY
600
MIAMI FL 33145-3053
US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 09/07/1988	3a. Date of Last Report 05/01/1994
4. FFI Number 65-0071827	Applied For <input type="checkbox"/> 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 has liability for intangible taxes under § 193.002, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt # etc	26. State Apt # etc
22. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

BARRIOS, MARIA
3400 CORAL WAY
STE 600
MIAMI FL 33145

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607 (2)(c), and 607 (15)(a) 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 (15)(a) Florida Statutes.

SIGNATURE

12. LIST OF OFFICERS AND DIRECTORS

OFFICE	PD
NAME	BARRIOS, MARIA
STREET ADDRESS	4460 SW 13 ST
CITY, STATE, ZIP	MIAMI FL
OFFICE	SD
NAME	MAS, MARIA
STREET ADDRESS	4460 SW 13 ST
CITY, STATE, ZIP	MIAMI FL
OFFICE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IF APPLICABLE)

OFFICE	NAME	STREET ADDRESS	CITY, STATE, ZIP	Change	Add
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the corporation stated in Section 193.002, 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 treasurer or business manager or owner of the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this K-100 filing or on an attachment with an address.

SIGNATURE: MARIA BARRIOS. 7-24-95 (305) 446-2055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR