

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 8:54

DOCUMENT # **M15920** (5)

1. Corporation Name
NASH RAMBLER, INC.

Principal Place of Business	Mailing Address
% A ROSEMARY SALA, P.A. 104 CRANDON BLVD., STE 302 KEY BISCAIYNE FL 33149	% A ROSEMARY SALA, P.A. 104 CRANDON BLVD., STE 302 KEY BISCAIYNE FL 33149

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/01/1985	3a. Date of Last Report 08/09/1994
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

4. FEI Number 65-0042876	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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. Name and Address of Current Registered Agent

SALA, A, ROSEMARY, P.A.
104 CRANDON BLVD., #302
KEY BISCAIYNE FL 33149

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALZAMORA VALDEZ, V.
STREET ADDRESS	104 CRANDON BLVD., #302
CITY- ST- ZIP	KEY BISCAIYNE FL
TITLE	D
NAME	ALZAMORA PRUGUE, V.
STREET ADDRESS	104 CRANDON BLVD., #302
CITY- ST- ZIP	KEY BISCAIYNE FL
TITLE	D
NAME	ALZAMORA VALDEZ, E.
STREET ADDRESS	104 CRANDON BLVD., #302
CITY- ST- ZIP	KEY BISCAIYNE FL
TITLE	D
NAME	ALZAMORA PRUGUE, LUIS
STREET ADDRESS	104 CRANDON BLVD., #302
CITY- ST- ZIP	KEY BISCAIYNE FL
TITLE	D
NAME	ALZAMORA PRUGUE, ANITA
STREET ADDRESS	104 CRANDON BLVD., #302
CITY- ST- ZIP	KEY BISCAIYNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual 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 liquidator 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 correct fees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Rosemary Sala

1/26/95

305-361-0105

Title

Telephone #