

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M15920** (5)
1. Corporation Name
NASH RAMBLER, INC.



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

2. Principal Place of Business: % A. Rosemary Sala, P.A. 328 Crandon Blvd #202 Key Biscayne, FL 33149 Dade
2a. Mailing Address: % A. Rosemary Sala, P.A. 328 Crandon Blvd #202 Key Biscayne, FL 33149 Dade

3. Date Incorporated or Qualified: 06/01/1985
3a. Date of Last Report: 02/08/1995
4. FEI Number: 65-0042876
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. 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: 82 Street Address (P.O. Box Number is Not Acceptable): 328 Crandon Blvd #202 83 84 City: Key Biscayne FL 85 Zip Code: 33149

11. Pursuant to the provisions of Sections 607.0107 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 607.0305, Florida Statutes.

SIGNATURE: [Signature] 8/6/96

12. OFFICERS AND DIRECTORS

| | | | |
|-------|----|------------------------|--|
| TITLE | PO | ALZAMORA VALDEZ, V. | 104 CRANDON BLVD., #302 KEY BISCAIYNE FL |
| TITLE | D | ALZAMORA PRUGUE, V. | 104 CRANDON BLVD., #302 KEY BISCAIYNE FL |
| TITLE | D | ALZAMORA VALDEZ, E. | 104 CRANDON BLVD., #302 KEY BISCAIYNE FL |
| TITLE | D | ALZAMORA PRUGUE, LUIS | 104 CRANDON BLVD., #302 KEY BISCAIYNE FL |
| TITLE | D | ALZAMORA PRUGUE, ANITA | 104 CRANDON BLVD., #302 KEY BISCAIYNE FL |

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 truthfully furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 partner or trustee or partner or trustee of a partnership, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 8/6/96 (305) 361-0105

CR2E034 (12/95)