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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M15920 (5)

1. Corporation Name
NASH RAMBLER, INC.



Principal Place of Business
328 CRANDON BLVD.
STE. 202
KEY BISCAYNE FL 33149
US

Mailing Address
328 CRANDON BLVD.
STE. 202
KEY BISCAYNE FL 33149-1331
US

3. Date Incorporated or Qualified 06/01/1985
3a. Date of Last Report 08/12/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number 65-0042876
Applied For Not Applicable

22 City & State
27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country
24 25 28 29 30

6. Election Campaign Financing Trust Fund Contribution \$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

10. Name and Address of New Registered Agent

SALA, A. ROSEMARY, P.A.
328 CRANDON BLVD
STE. 202
KEY BISCAYNE FL 33149

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code 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 *Rosemary Sala* 4-17-97
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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
PD	ALZAMORA VALDEZ, V.	104 CRANDON BLVD., #302	KEY BISCAYNE FL	<input type="checkbox"/>
D	ALZAMORA PRUGUE, V.	104 CRANDON BLVD., #302	KEY BISCAYNE FL	<input type="checkbox"/>
D	ALZAMORA VALDEZ, E.	104 CRANDON BLVD., #302	KEY BISCAYNE FL	<input type="checkbox"/>
D	ALZAMORA PRUGUE, LUIS	104 CRANDON BLVD., #302	KEY BISCAYNE FL	<input type="checkbox"/>
D	ALZAMORA PRUGUE, ANITA	104 CRANDON BLVD., #302	KEY BISCAYNE FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
		328 Crandon Blvd. Suite 202	Key Biscayne, FL 33149	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		328 Crandon Blvd. Suite 202	Key Biscayne FL 33149	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		328 Crandon Blvd. Suite 202	Key Biscayne FL 33149	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		328 Crandon Blvd Suite 202	Key Biscayne FL 33149	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		328 Crandon Blvd. Suite 202	Key Biscayne FL 33149	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Rosemary Sala* 4-17-97 361-0105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)