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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.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0042876

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

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

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

4-17-97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ALZAMORA VALDEZ, V.
STREET ADDRESS 104 CRANDON BLVD., #302
CITY-ST-ZIP KEY BISCAYNE FL

TITLE D ☐ DELETE

NAME ALZAMORA PRUGUE, V.
STREET ADDRESS 104 CRANDON BLVD., #302
CITY-ST-ZIP KEY BISCAYNE FL

TITLE D ☐ DELETE

NAME ALZAMORA VALDEZ, E.
STREET ADDRESS 104 CRANDON BLVD., #302
CITY-ST-ZIP KEY BISCAYNE FL

TITLE D ☐ DELETE

NAME ALZAMORA PRUGUE, LUIS
STREET ADDRESS 104 CRANDON BLVD., #302
CITY-ST-ZIP KEY BISCAYNE FL

TITLE D ☐ DELETE

NAME ALZAMORA PRUGUE, ANITA
STREET ADDRESS 104 CRANDON BLVD., #302
CITY-ST-ZIP KEY BISCAYNE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

328 Crandon Blvd. Suite 202
Key Biscayne, FL 33149

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

328 Crandon Blvd. Suite 202
Key Biscayne FL 33149

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

328 Crandon Blvd. Suite 202
Key Biscayne FL 33149

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

328 Crandon Blvd Suite 202
Key Biscayne FL 33149

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

328 Crandon Blvd. Suite 202
Key Biscayne FL 33149

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-97 361-0105

CR2E034 (9/96)