

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90031 015 ***150.00

DOCUMENT # M15920

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1985

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 260 CRANDON BLVD

Suite, Apt. #, etc.

22 Suite 14

City & State

23 Key Biscayne FLORIDA

Zip

24 33149

Country

25 USA

2a. Mailing Address

26 260 CRANDON BLVD.

Suite, Apt. #, etc.

27 Suite 14

City & State

28 Key Biscayne FLORIDA

Zip

29 33149

Country

30 USA

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)

260 CRANDON BLVD

83 Suite 14

84 City
Key Biscayne

FL

85 Zip Code
33149

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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ALZAMORA VALDEZ, V.
STREET ADDRESS 328 CRANDON BLVD. SUITE 202
CITY-ST-ZIP KEY BISCAYNE FL

TITLE D ☐ DELETE

NAME ALZAMORA PRUGUE, V.
STREET ADDRESS 328 CRANDON BLVD STE 202
CITY-ST-ZIP KEY BISCAYNE FL

TITLE D ☐ DELETE

NAME ALZAMORA VALDEZ, E.
STREET ADDRESS 328 CRANDON BLVD. #202
CITY-ST-ZIP KEY BISCAYNE FL

TITLE D ☐ DELETE

NAME ALZAMORA PRUGUE, LUIS
STREET ADDRESS 328 CRANDON BLVD. #202
CITY-ST-ZIP KEY BISCAYNE FL

TITLE D ☐ DELETE

NAME ALZAMORA PRUGUE, ANITA
STREET ADDRESS 328 CRANDON BLVD. STE 202
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 260 CRANDON BLVD, Ste 14
1.4 CITY-ST-ZIP Key Biscayne FL 33149

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 260 CRANDON BLVD Ste 14
2.4 CITY-ST-ZIP Key Biscayne FLORIDA 33149

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 260 CRANDON BLVD Ste 14
3.4 CITY-ST-ZIP Key Biscayne FLORIDA 33149

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 260 CRANDON BLVD Ste 14
4.4 CITY-ST-ZIP Key Biscayne FLORIDA 33149

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 260 CRANDON BLVD Ste 14
5.4 CITY-ST-ZIP Key Biscayne FLORIDA 33149

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99

Date

305-361-0105

Daytime Phone #

CR2E034 (11/98)

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