

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

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

03-16-1999 90031 015 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # M15920**

1. Corporation Name  
**NASH RAMBLER, INC.**



Principal Place of Business 328 CRANDON BLVD. STE. 202 KEY BISCAIYNE FL 33149 US	Mailing Address 328 CRANDON BLVD. STE. 202 KEY BISCAIYNE FL 33149 US
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>06/01/1985</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0042876</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>260 CRANDON BLVD</b> Suite, Apt. #, etc. 22 <b>Suite 14</b> City & State 23 <b>Key Biscayne Florida</b> Zip 24 <b>33149</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>260 CRANDON BLVD.</b> Suite, Apt. #, etc. 27 <b>Suite 14</b> City & State 28 <b>Key Biscayne Florida</b> Zip 29 <b>33149</b> Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent  
**SALA, A, ROSEMARY, P.A.**  
**328 CRANDON BLVD**  
**STE. 202**  
**KEY BISCAIYNE 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 607.1509, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALZAMORA VALDEZ, V.	
STREET ADDRESS	328 CRANDON BLVD. SUITE 202	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALZAMORA PRUGUE, V.	
STREET ADDRESS	328 CRANDON BLVD STE 202	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALZAMORA VALDEZ, E.	
STREET ADDRESS	328 CRANDON BLVD. #202	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALZAMORA PRUGUE, LUIS	
STREET ADDRESS	328 CRANDON BLVD. #202	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALZAMORA PRUGUE, ANITA	
STREET ADDRESS	328 CRANDON BLVD. STE 202	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>260 CRANDON BLVD, Ste 14</b>
1.4 CITY-ST-ZIP	<b>Key Biscayne FL 33149</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>260 CRANDON BLVD Ste 14</b>
2.4 CITY-ST-ZIP	<b>Key Biscayne Florida 33149</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>260 CRANDON BLVD Ste 14</b>
3.4 CITY-ST-ZIP	<b>Key Biscayne Florida 33149</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>260 CRANDON BLVD Ste. 14</b>
4.4 CITY-ST-ZIP	<b>Key Biscayne Florida 33149</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>260 CRANDON BLVD Ste 14</b>
5.4 CITY-ST-ZIP	<b>Key Biscayne Florida 33149</b>
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 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: \_\_\_\_\_ Date **3-10-99** Daytime Phone # **305-361-0105**

CR2E034 (1/98)