

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 # **S16613** (9)

1. Corporation Name
RAMBLEWOOD CORP.



Principal Place of Business

**3079 NE 163 ST
N. MIAMI BEACH FL 33160
US**

Mailing Address

**P.O. BOX 630817
MIAMI FL 33163**

3. Date Incorporated or Qualified
12/06/1990

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

**PREMIER ASSET MANAGEMENT
3115 NE 163 ST
NORTH MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

81 Name
PREMIER ASSET MANAGEMENT, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
2100 Park Central Boulevard North
83
SUITE 900
84 City
POMPAHO BEACH FL 85 Zip Code
33064

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 then applicant)

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	AZOUT, JACK	
STREET ADDRESS	3802 NE 207 ST #1502	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	SD	DELETE
NAME	AZOUT, GILDA	
STREET ADDRESS	3802 NE 207 STREET, #1502	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	Change	Addition
1.2 NAME	AZOUT, JACK		
1.3 STREET ADDRESS	3802 NE 207th ST. STE#1502		
1.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180		
2.1 TITLE	SD	Change	Addition
2.2 NAME	AZOUT, GILDA		
2.3 STREET ADDRESS	3802 NE 207th ST. STE#1502		
2.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	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 voluntarily 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 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

[Signature]

2/24/96

935-3775

Date Daytime Phone

CR2E034 (12/95)