

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0038841

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 SEP -4 AM 10:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000077201 (7)

1. Corporation Name
 ALHAMBRA HOLDINGS (TRUSTEES) INC.



Principal Place of Business

Mailing Address

C/O JOEL J. KARP
 2 ALHAMBRA PLAZA #1202
 CORAL GABLES FL 33134

C/O JOEL J. KARP
 2 ALHAMBRA PLAZA #1202
 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1996

4. FEI Number

52-2122602

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 or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

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

25

29

30

9. Name and Address of Current Registered Agent

ALHAMBRA REGISTERED AGENTS, INC.
 ATTENTION: JOEL J. KARP
 2 ALHAMBRA PLAZA #1202
 CORAL GABLES FL 33134

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

1.1 TITLE: DPST
 1.2 NAME: KARP, JOEL J
 1.3 STREET ADDRESS: 2 ALHAMBRA PLAZA #1202
 1.4 CITY-ST-ZIP: CORAL GABLES FL 33134

2.1 TITLE: [] DELETE
 2.2 NAME: [] DELETE
 2.3 STREET ADDRESS: [] DELETE
 2.4 CITY-ST-ZIP: [] DELETE
 2.5 TITLE: [] DELETE
 2.6 NAME: [] DELETE
 2.7 STREET ADDRESS: [] DELETE
 2.8 CITY-ST-ZIP: [] DELETE
 2.9 TITLE: [] DELETE
 2.10 NAME: [] DELETE
 2.11 STREET ADDRESS: [] DELETE
 2.12 CITY-ST-ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: [] Change [] Addition
 1.2 NAME: [] Change [] Addition
 1.3 STREET ADDRESS: 800002653508--0
 1.4 CITY-ST-ZIP: -10/01/98--01061--001
 1.5 TITLE: *****550.00 *****550.00
 1.6 NAME: [] Change [] Addition
 1.7 STREET ADDRESS: [] Change [] Addition
 1.8 CITY-ST-ZIP: [] Change [] Addition
 1.9 TITLE: [] Change [] Addition
 1.10 NAME: [] Change [] Addition
 1.11 STREET ADDRESS: [] Change [] Addition
 1.12 CITY-ST-ZIP: [] Change [] Addition

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.

SIGNATURE: *Joel J. Karp* Joel J. Karp, Pres. 9/2/98 305-445-3545

CR2E034 (5/98)