


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

FILED

Apr 09 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 # P93000043826 (5)					
1. Corporation Name ALHAMBRA CAPITAL MANAGEMENT, INC.					
Principal Place of Business 100-D WESTWARD DRIVE SUITE D MIAMI SPRINGS FL 33168 US			Mailing Address 1060 REDBIRD AVE. MIAMI SPGS. FL 33168-3223 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/15/1993	
21 Suite/Apt #, etc.		26 Suite/Apt #, etc.		3a. Date of Last Report 03/28/1996	
22 City & State		27 City & State		4. FEI Number 65-0420684	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BALTAR, BARBARA 1060 REDBIRD AVE. MIAMI SPGS. FL 33168			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PSD	<input type="checkbox"/> DELETE			
NAME	BALTAR, BARBARA				
STREET ADDRESS	1060 REDBIRD AVE.				
CITY-ST-ZIP	MIAMI SPGS. FL				
TITLE	VTDM	<input type="checkbox"/> DELETE			
NAME	HAAS, WALTER J.				
STREET ADDRESS	1060 REDBIRD AVE.				
CITY-ST-ZIP	MIAMI SPGS. FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HAAS, MICHAEL				
STREET ADDRESS	10610 MORADO CIRCLE				
CITY-ST-ZIP	AUSTIN TX				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HAAS, GEOFFREY W.				
STREET ADDRESS	1765 THURSTON DRIVE				
CITY-ST-ZIP	CROZET VA				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HAAS, DEBORAH K.				
STREET ADDRESS	2190 DEVONSHIRE ROAD				
CITY-ST-ZIP	CHARLOTTESVILLE VA				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	CTDM	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS	1130 A REAGAN CIRCLE				
3.4 CITY-ST-ZIP					
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME	KRISTEN BARGAMIN				
6.3 STREET ADDRESS	1060 REDBIRD AVENUE				
6.4 CITY-ST-ZIP	MIAMI SPRINGS, FLORIDA				
14. I do 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: <i>Walter J. Haas</i> SIGNATURE REQUIRED 4-4-97 305-884-2123					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)