

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 5:08

DOCUMENT # **K89360** (7)

1. Corporation Name
ALHAMBRA DEVELOPMENT CORPORATION

Principal Place of Business
**8888 COLLINS AVE
25 SE 2ND AVE STE 919
SURFSIDE FL 33154
US**

Mailing Address
**701 BRICKELL AVE
1110
MIAMI FL 33131
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/19/1989** 3a. Date of Last Report **02/23/1994**

4. FEI Number **65-0131965** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **37 STAR ISLAND** 26 **200 S. BISCAYNE BLVD.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **2420** 27

City & State City & State
23 **MIAMI BEACH, FL** 28 **MIAMI, FLORIDA**

Zip Country Zip Country
24 **33139** 25 **U.S.A.** 29 **33131** 30 **U.S.A.**

9. Name and Address of Current Registered Agent
**MELAND, MARK ESQ
701 BRICKELL AVE., 1110
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number, is Not Acceptable)
2420 FIRST UNION FINANCIAL CENTER
83 **200 SOUTH BISCAYNE BOULEVARD**
84 City **MIAMI** FL 85 Zip Code **33131**

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 provisions of, Section 607.0506, Florida Statutes.

SIGNATURE **MARK MELAND** 3/28/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	REIBER, NATHAN
STREET ADDRESS	8888 COLLINS AVE
CITY, ST, ZIP	MIAMI BEACH FL
TITLE	D
NAME	HARTLEY, KEITH
STREET ADDRESS	8888 COLLINS AVE
CITY, ST, ZIP	MIAMI BEACH FL
TITLE	D
NAME	MARK S. MELAND
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	37 STAR ISLAND
14 CITY, ST, ZIP	MIAMI BEACH, FL 33139
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	37 STAR ISLAND
24 CITY, ST, ZIP	MIAMI BEACH, FL 33139
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	D
33 STREET ADDRESS	MARK S. MELAND
34 CITY, ST, ZIP	200 S. BISCAYNE BLVD., #2420
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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(2)(b), Florida Statutes. I further certify that the information included 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, on an appointment with an address.

SIGNATURE: **MARK MELAND** 3/28/95 (105)358-6363
DATE