

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Morrison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K89360** (7)
1. Corporation Name
ALHAMBRA DEVELOPMENT CORPORATION



Principal Place of Business: **37 STAR ISLAND
23 SE 2ND AVE STE 313
MIAMI BEACH FL 33139
US**
Mailing Address: **200 S. BISCAYNE BLVD.
2420
MIAMI FL 33131
US**

3. Date incorporated or Qualified: **05/19/1989**
3a. Date of Last Report: **04/03/1995**
4. FEIN Number: **65-0131965**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29

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

11. Pursuant to the provisions of Section 607.04(2) and 607.04(3) of the 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. I, the undersigned, am a member of the board of directors of the corporation and I hereby accept the appointment as registered agent. I am familiar with and agree to the obligations of Section 607.04(3) of the Florida Statutes.
SIGNATURE: *[Signature]* **MARK MELAND** 3/27/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input type="checkbox"/> OFFICER NAME: D REIBER, NATHAN STREET ADDRESS: 37 STAR ISLAND CITY, ST, ZIP: MIAMI BEACH FL	<input type="checkbox"/>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/>
TITLE: <input type="checkbox"/> OFFICER NAME: D HARTLEY, KEITH STREET ADDRESS: 37 STAR ISLAND CITY, ST, ZIP: MIAMI BEACH FL	<input type="checkbox"/>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/>
TITLE: <input type="checkbox"/> OFFICER NAME: D MELAND, MARK S. STREET ADDRESS: 200 S. BISCAYNE BLVD., #2420 CITY, ST, ZIP: MIAMI FL	<input type="checkbox"/>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/>
TITLE: <input type="checkbox"/> OFFICER NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/>
TITLE: <input type="checkbox"/> OFFICER NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/>

14. I do hereby certify that the information supplied in this filing is true and correct. I further certify that the information required for the previous report or Supplemental or annual report is true and correct 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 and that I understand and agree to be held liable as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes to officers and directors in an address.
SIGNATURE: *[Signature]* **Mark Meland** 26/96 (305) 531-7625

CR2E034 (12/95)