

**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**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24 25  
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

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

Applied For Not Applicable  
**\$8.75 Additional Fee Required**  
**\$5.00 May Be Added to Fees**

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 corporation's board of directors. 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

21	D	REIBER, NATHAN	<input type="checkbox"/> DELETED
22	D	HARTLEY, KEITH	<input type="checkbox"/> DELETED
23	D	MELAND, MARK S.	<input type="checkbox"/> DELETED
24			<input type="checkbox"/> DELETED
25			<input type="checkbox"/> DELETED
26			<input type="checkbox"/> DELETED
27			<input type="checkbox"/> DELETED
28			<input type="checkbox"/> DELETED
29			<input type="checkbox"/> DELETED
30			<input type="checkbox"/> DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

31			<input type="checkbox"/> Change <input type="checkbox"/> Addition
32			<input type="checkbox"/> Change <input type="checkbox"/> Addition
33			<input type="checkbox"/> Change <input type="checkbox"/> Addition
34			<input type="checkbox"/> Change <input type="checkbox"/> Addition
35			<input type="checkbox"/> Change <input type="checkbox"/> Addition
36			<input type="checkbox"/> Change <input type="checkbox"/> Addition
37			<input type="checkbox"/> Change <input type="checkbox"/> Addition
38			<input type="checkbox"/> Change <input type="checkbox"/> Addition
39			<input type="checkbox"/> Change <input type="checkbox"/> Addition
40			<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing is true and correct. I further certify that the information indicated on the previous report of 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** 3/26/96 (305) 531-7625

CR2E034 (12/95)