

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K98966 (0)

1. Corporation Name

400 ALHAMBRA CIRCLE CORPORATION

Principal Place of Business

2490 CORAL WAY
#403
MIAMI FL 33145
US

Mailing Address

2490 CORAL WAY
#403
MIAMI FL 33145
US

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

29

Zip

30

Country

MURAI, WALD, BIONDO, & MORENO, PA
900 INGRAHAM BLDG.
25 SOUTHEAST 2ND AVENUE
MIAMI FL 33131

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 607.004 and 607.005, 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 filing was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.004, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PD
ISAIAS, ROBERTO
10 NW LEJEUNE RD.
MIAMI FL

[] DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VDI
ISAIAS, WILLIAM
10 NW LEJEUNE RD.
MIAMI FL

[] DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VDS
ISAIAS, ESTEFANO
10 NW LEJEUNE RD.
MIAMI FL

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

1. NAME

1.1 NAME

1.2 STREET ADDRESS

1.3 CITY-STATE-ZIP

2. NAME

2.1 NAME

2.2 STREET ADDRESS

2.3 CITY-STATE-ZIP

3. NAME

3.1 NAME

3.2 STREET ADDRESS

3.3 CITY-STATE-ZIP

4. NAME

4.1 NAME

4.2 STREET ADDRESS

4.3 CITY-STATE-ZIP

5. NAME

5.1 NAME

5.2 STREET ADDRESS

5.3 CITY-STATE-ZIP

6. NAME

6.1 NAME

6.2 STREET ADDRESS

6.3 CITY-STATE-ZIP

7. NAME

7.1 NAME

7.2 STREET ADDRESS

7.3 CITY-STATE-ZIP

8. NAME

8.1 NAME

8.2 STREET ADDRESS

8.3 CITY-STATE-ZIP

SIGNATURE: ISAIAS ROBERTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96

305 959-9811

CR2E034 (12/95)