FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

MC 478-95-8-0938-MC

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M03221** **(2)**

1. Corporation Name
ROLAND ALHAMBRA, INC.

Principal Place of Business
4800 N. FEDERAL HIGHWAY
SUITE 203B
BOCA RATON FL 33431

Mailing Address
4800 N. FEDERAL HIGHWAY
SUITE 203B
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/26/1984**
3a. Date of Last Report: **04/07/1994**

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

4. FEI Number: **59-2461884** — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
ABREU, MONICA L.
4800 N. FEDERAL HIGHWAY
SUITE 203B
BOCA RATON FL 33133

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	1.1 TITLE		☐ Change ☐ Addition
NAME	ABEL, MARTIN J.	1.2 NAME		
STREET ADDRESS	4800 N. FEDERAL HWY.	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBINS, GERALD	2.2 NAME		
STREET ADDRESS	4800 N. FEDERAL HWY.	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	AS	3.1 TITLE	Treasurer/Asst. Sec.	☒ Change ☐ Addition
NAME	SISLER RON K.	3.2 NAME	Melvin B. Seiden	
STREET ADDRESS	4800 N. FEDERAL HWY.	3.3 STREET ADDRESS	4800 N. Federal Hwy.	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton, FL	
TITLE	VAS	4.1 TITLE	Vice Pres.	☒ Change ☐ Addition
NAME	ABREU, MONICA	4.2 NAME		
STREET ADDRESS	4800 N. FEDERAL HWY.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	MAYER STEPHEN F.	5.2 NAME	Lee Neibart	
STREET ADDRESS	4800 N. FEDERAL HWY.	5.3 STREET ADDRESS	4800 N. Federal Hwy.	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	Boca Raton, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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(3)(k), 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 is added in any manner to an address.

SIGNATURE: Monica L. Abreu 3/30/95 (407) 750-0449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)

0290110 CP