

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

APPROVED AND FILED

1

CORPORATION ANNUAL REPORT 1995



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

95 MAY -1 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000035189 (8)

1. Corporation Name
ALHAMBRA CIRCLE, INC.

200001481072
-05/09/95--01094--022
****200.00 ****200.00

Principal Place of Business Mailing Address
80 SW 8 ST SUITE 2803 MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified **05/13/1993** 3a. Date of Last Report **04/13/1994**
4. FEI Number **11-3160930** 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. 194.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MCCAUGHAN, WILLIAM P
80 SW 8 ST
SUITE 2803
MIAMI FL 33130**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 fee if applicable) (NOTE: Registered Agent signature required when resigning) (DATE)

12. OFFICERS AND DIRECTORS
TITLE D
NAME CASSIN, RICHARD
STREET ADDRESS EAB PLZ E TOWER 13 FL
CITY ST ZIP UNIONDALE NY
TITLE D
NAME FREEL, JAMES T
STREET ADDRESS EAB PLZ E TOWER 13 FL
CITY ST ZIP UNIONDALE NY
TITLE D
NAME MASCIS, MURRAY F
STREET ADDRESS EAB PLZ E TOWER 13 FL
CITY ST ZIP UNIONDALE NY
TITLE AS
NAME MUELLER, ANDREA J
STREET ADDRESS EAB PLZ E TOWER 15 FL
CITY ST ZIP UNIONDALE NY
TITLE P
NAME POZZI, ANTHONY A
STREET ADDRESS EAB PLZ E TOWER 13 FL
CITY ST ZIP UNIONDALE NY
TITLE V
NAME LOMONACO, JOSEPH M
STREET ADDRESS EAB PLZ E TOWER 13 FL
CITY ST ZIP UNIONDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
61 TITLE Change 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 110.07(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 on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 5/6/95
5/6 745 2302

Document No. P93000025189
(FL Corporation Annual Report 1995 Continued)

(2)

Alhambra Circle, Inc.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN N. LIFSCHUTZ EAB PLAZA-EAST TOWER, 13th FLOOR UNIONDALE, NY 11556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/Assistant Secretary WILLIAM M. NEUNER EAB PLAZA-EAST TOWER, 13th FLOOR UNIONDALE, NY 11556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARY ELLEN TROY EAB PLAZA-EAST TOWER, 13th FLOOR UNIONDALE, NY 11556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIEL P. GRIPPO EAB PLAZA-EAST TOWER, 15th FLOOR UNIONDALE, NY 11556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary LINDA FLOOD EAB PLAZA-EAST TOWER, 15th FLOOR UNIONDALE, NY 11556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS W. ALEXANDERSON EAB PLAZA-EAST TOWER, 13th FLOOR UNIONDALE, NY 11556