

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000043826 (5)**

1. Corporation Name

ALHAMBRA CAPITAL MANAGEMENT, INC.



Principal Place of Business

190-D WESTWARD DRIVE
SUITE D
MIAMI SPRINGS FL 33166
US

Mailing Address

1060 REDBIRD AVE.
MIAMI SPGS. FL 33166
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BALTAR, BARBARA
1060 REDBIRD AVE.
MIAMI SPGS. FL 33166

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/15/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0420684

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

10. Name and Address of New Registered Agent

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. Thereby 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 or officer, director, etc.

DATE Registered Agent signed this statement (month/day/year)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	BALTAR, BARBARA	
STREET ADDRESS	1060 REDBIRD AVE.	
CITY-STATE-ZIP	MIAMI SPGS. FL	
TITLE	VTDM	<input type="checkbox"/> DELETE
NAME	HAAS, WALTER J.	
STREET ADDRESS	1060 REDBIRD AVE.	
CITY-STATE-ZIP	MIAMI SPGS. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAAS, MICHAEL	
STREET ADDRESS	2905 CLEARVIEW DR.	
CITY-STATE-ZIP	AUSTIN TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAAS, GEOFFREY W.	
STREET ADDRESS	2190 DEVONSHIRE RD.	
CITY-STATE-ZIP	CHARLOTTESVILLE VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAAS, DEBORAH K.	
STREET ADDRESS	ROUTE 4, BOX 167-B	
CITY-STATE-ZIP	CHARLOTTESVILLE VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	10610 MORADO CIRCLE
34. CITY-STATE-ZIP	AUSTIN, TEXAS 78766
4. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	1765 THURSTON DRIVE
44. CITY-STATE-ZIP	CRUZET, VIRGINIA 22982
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	2190 DEVONSHIRE ROAD
54. CITY-STATE-ZIP	CHARLOTTESVILLE, VIRGINIA 22901
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-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 on an attachment with an address.

SIGNATURE:

Walter J. Haas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-96 305-884-2123

CR2E084 (12/95)