

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 09 1997 8:00am
Secretary of State**



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

PROFIT CORPORATION ANNUAL REPORT 1997

DOCUMENT # P93000043826 (5)

1. Corporation Name
ALHAMBRA CAPITAL MANAGEMENT, INC.



Principal Place of Business
**100-D WESTWARD DRIVE
SUITE D
MIAMI SPRINGS FL 33168
US**

Mailing Address
**1060 REDBIRD AVE.
MIAMI SPGS. FL 33166-3223
US**

3. Date Incorporated or Qualified **06/15/1993** 3a. Date of Last Report **03/28/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite/Apt #, etc.		26 Suite, Apt #, etc.		65-0420684		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New 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			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALTAR, BARBARA	1.2 NAME	
STREET ADDRESS	1060 REDBIRD AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SPGS. FL	1.4 CITY - ST - ZIP	
TITLE	VDM <input type="checkbox"/> DELETE	2.1 TITLE	CTDM <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, WALTER J.	2.2 NAME	
STREET ADDRESS	1060 REDBIRD AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SPGS. FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, MICHAEL	3.2 NAME	
STREET ADDRESS	10810 MORADO CIRCLE	3.3 STREET ADDRESS	1130 A REAGAN CIRCLE
CITY - ST - ZIP	AUSTIN TX	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, GEOFFREY W.	4.2 NAME	
STREET ADDRESS	1765 THURSTON DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CROZET VA	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, DEBORAH K.	5.2 NAME	
STREET ADDRESS	2190 DEVONSHIRE ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTESVILLE VA	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	KRISTEN BARGAMIN
STREET ADDRESS		6.3 STREET ADDRESS	1060 REDBIRD AVENUE
CITY - ST - ZIP		6.4 CITY - ST - ZIP	MIAMI SPRINGS, FLORIDA

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **4-4-97** Date **305-884-2123** Daytime Phone #

CR2E034 (9/96)