

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

**FILED**  
**Feb 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000043826 (5)**  
 1. Corporation Name  
**ALHAMBRA CAPITAL MANAGEMENT, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>180-D WESTWARD DRIVE                  SUITE D                  MIAMI SPRINGS FL 33166                  US</b>	Mailing Address <b>1060 REDBIRD AVE.                  MIAMI SPGS. FL 33166                  US</b>
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3. Date Incorporated or Qualified <b>06/15/1993</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0420684</b>	6. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**BALTAR, BARBARA  
 1060 REDBIRD AVE.  
 MIAMI SPGS. FL 33166**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code **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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BALTAR, BARBARA 1060 REDBIRD AVE. MIAMI SPGS. FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Treasurer + Director Barry Elizabeth Pickett 1060 Redbird Avenue Miami Springs Florida 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CTDM HAAS, WALTER J. 1060 REDBIRD AVE. MIAMI SPGS. FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>CDM</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HAAS, MICHAEL 1130 A REAGAN CIR AUSTIN TX</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>199 14th Street Atlanta, Georgia 30309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS HAAS, GEOFFREY W. 1765 THURSTON DRIVE CROZET VA</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HAAS, DEBORAH K. 2190 DEVONSHIRE ROAD CHARLOTTESVILLE VA</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BARGAMIN, KRISTEN 1060 REDBIRD AVE MIAMI SPGS FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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* 2-4-98 305-584-2123

CP2E034 (10/97)