

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90239 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000043826

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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 06/15/1993	Applied For Not Applicable
4. FEI Number 65-0420684	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BALTAR, BARBARA
STREET ADDRESS	1060 REDBIRD AVE.
CITY-ST-ZIP	MIAMI SPGS. FL
TITLE	CDM <input type="checkbox"/> DELETE
NAME	HAAS, WALTER J.
STREET ADDRESS	1060 REDBIRD AVE.
CITY-ST-ZIP	MIAMI SPGS. FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HAAS, MICHAEL
STREET ADDRESS	199 14TH ST
CITY-ST-ZIP	ATLANTA GA 30309
TITLE	DS <input type="checkbox"/> DELETE
NAME	HAAS, GEOFFREY W.
STREET ADDRESS	1765 THURSTON DRIVE
CITY-ST-ZIP	CROZET VA
TITLE	D <input type="checkbox"/> DELETE
NAME	HAAS, DEBORAH K.
STREET ADDRESS	2190 DEVONSHIRE ROAD
CITY-ST-ZIP	CHARLOTTESVILLE VA
TITLE	P <input type="checkbox"/> DELETE
NAME	BARGAMIN, KRISTEN
STREET ADDRESS	1060 REDBIRD AVE
CITY-ST-ZIP	MIAMI SPGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 with all other like empowered.

SIGNATURE: Barbara Baltar 3-4-99 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA BALTAR

CR2E034 (1/98)