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

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
May 12 1998 8:00am
Secretary of State

DOCUMENT # P97000049847 (1)

1. Corporation Name

ALHAMBRA PARTNERS, INC.

Principal Place of Business	Mailing Address
1700 LAS OLAS BLVD PH2 FORT LAUDERDALE FL 33301	1700 LAS OLAS BLVD PH2 FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/05/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0758298	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GAFFIGAN, STEPHEN
201 SOUTH BISCAYNE BLVD
SUITE 1970
MIAMI FL 33131

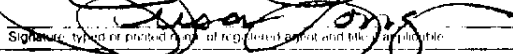**10. Name and Address of New Registered Agent**

81 Name **Susan Long**
82 Street Address (P.O. Box Number is Not Acceptable) **1700 E. Las Olas Blvd. PH2**
83
84 City **Ft. Lauderdale,** 85 Zip Code **FL 33301**

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Susan Long, Vice Pres.

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **D** ☐ DELETE NAME **LONG, PHIL** STREET ADDRESS **201 S BISCAYNE BLVD, STE 1970** CITY-ST-ZIP **MIAMI FL 33131**	1.1 TITLE **D** ☒ Change ☐ Addition 1.2 NAME **Long, Phil** 1.3 STREET ADDRESS **1700 E. Las Olas Blvd. PH2** 1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE **P** ☒ Change ☐ Addition 2.2 NAME **Long, Phil** 2.3 STREET ADDRESS **1700 E. Las Olas Blvd. PH2** 2.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE **VP** ☒ Change ☐ Addition 3.2 NAME **Long, Susan** 3.3 STREET ADDRESS **1700 E. Las Olas Blvd. PH2** 3.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE **D** ☐ Change ☒ Addition 4.2 NAME **Long, Susan** 4.3 STREET ADDRESS **1700 E. Las Olas Blvd PH2** 4.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: _____ **Phil Long, Pres.** 14 MP98 954/522-4688

CR2E034 (10/97)