

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

APPROVED AND FILED
 95 MAY -1 PM 4: 30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION
 ANNUAL REPORT
 1995



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

DOCUMENT # M90693 (6)
 1. Corporation Name
CODINA CONSTRUCTION CORPORATION

Principal Place of Business Mailing Address
TWO ALHAMBRA PLAZA, PH II **TWO ALHAMBRA PLAZA, PH II**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/25/1988** 3a. Date of Last Report **10/04/1994**

4. Fed Number **65-0073117** 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**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEFELER, HENRY
TWO ALHAMBRA PLAZA, PH II
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C**
 NAME **CODINA, ARMANDO**
 STREET ADDRESS **TWO ALHAMBRA PLAZA PH II**
 CITY - ST - ZIP **CORAL GABLES FL 33134**

TITLE **P**
 NAME **HEVIA, JOSE**
 STREET ADDRESS **TWO ALHAMBRA PLAZA PHII**
 CITY - ST - ZIP **CORAL GABLES FL 33134**

TITLE **VT**
 NAME **BEFELER, HENRY**
 STREET ADDRESS **TWO ALHAMBRA PLAZA PHII**
 CITY - ST - ZIP **CORAL GABLES FL 33134**

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP

2.1 TITLE **600001488276**
 2.2 NAME **-05/16/95--01019--003**
 2.3 STREET ADDRESS *****1400.00** ******200.00**
 2.4 CITY - ST - ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
 6.2 NAME **187511**
 6.3 STREET ADDRESS
 6.4 CITY - ST - 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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Henry Befeler
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
HENRY BEFELER

4-3-95

(305) 520-2300