

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M90693** (6)

1. Corporation Name  
**CODINA CONSTRUCTION CORPORATION**



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

Mailing Address  
**TWO ALHAMBRA PLAZA, PH II  
CORAL GABLES FL 33134**

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

3. Date Incorporated or Qualified <b>07/25/1988</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0073117</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing / Trust Fund Contributor <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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

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

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83. City	
84. City	

11. Pursuant to the provisions of Sections 007.0502 and 007.1506, 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, Sections 007.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Address) \_\_\_\_\_ Signature of Agent (Print Name and Address) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> [ ] DELETE	1. TITLE	[ ] Change [ ] Addition
NAME	<b>CODINA, ARMANDO</b>	2. NAME	
STREET ADDRESS	<b>TWO ALHAMBRA PLAZA PH II</b>	3. STREET ADDRESS	
CITY-STATE-ZIP	<b>CORAL GABLES FL 33134</b>	4. CITY-STATE-ZIP	
TITLE	<b>P</b> [ ] DELETE	21. TITLE	[ ] Change [ ] Addition
NAME	<b>HEVA, JOSE</b>	22. NAME	
STREET ADDRESS	<b>TWO ALHAMBRA PLAZA PHII</b>	23. STREET ADDRESS	
CITY-STATE-ZIP	<b>CORAL GABLES FL 33134</b>	24. CITY-STATE-ZIP	
TITLE	<b>VT</b> [ ] DELETE	31. TITLE	[ ] Change [ ] Addition
NAME	<b>BEFELER, HENRY</b>	32. NAME	
STREET ADDRESS	<b>TWO ALHAMBRA PLAZA PHII</b>	33. STREET ADDRESS	
CITY-STATE-ZIP	<b>CORAL GABLES FL 33134</b>	34. CITY-STATE-ZIP	
TITLE	[ ] DELETE	41. TITLE	[ ] Change [ ] Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	[ ] DELETE	51. TITLE	[ ] Change [ ] Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	[ ] DELETE	61. TITLE	[ ] Change [ ] Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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 119.07(3)(a), 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 602, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**HENRY BEFELER**

1-15-96 (305)520-2300  
Date Filed Date of Filing

CR2E034 (12/95)