


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M90693</b> 1. Entity Name CODINA CONSTRUCTION CORPORATION	
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Principal Place of Business 355 ALHAMBRA CIRCLE SUITE 900 CORAL GABLES, FL 33134	Mailing Address 355 ALHAMBRA CIRCLE SUITE 900 CORAL GABLES, FL 33134
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02172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0073117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BEFELER, HENRY  
355 ALHAMBRA CIRCLE  
SUITE 900  
CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000096360  
03/25/04-80026-016 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CODINA, ARMANDO 355 ALHAMBRA CIRCLE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEVIA, JOSE 355 ALHAMBRA CIRCLE SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS BEFELER, HENRY 355 ALHAMBRA CIRCLE SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS COBB, KOLLEEN D.P 355 ALHAMBRA CIRCLE SUITE 900 CORAL GABLES, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Codina Construction Corporation VP 3-22-04 305-528-2300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #