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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 166869

(5)

CODINA DEVELOPMENT CORPORATION

Principal Place	of Business	Mailing Address	Mailing Address				11011 WIEIT 1		*********
N ROXANA TWO ALHAMBRA PLAZA. PENTHOUSE II CORAL GABLES FL 33134		% roxana Two Alhambra Plaza, Penthouse II Coral Gables fl 33134-5202							
						3. Date Incorporated or Qualified 04/13/1987	3a. Da 04/	ate of Last Re '25/1996	port
2. Principal Pi	ace of Business	2a. Mailing Address 26	 			4. FEI Number 59-2784536			plied For t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State	j	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip 24	Country 25	Zip 29	Сон 30	ntry	,	8. This corporation has liability for i	ntangible Yes [199.032,
g. Name and Address of Current Registered Agent						10, Name and Address of New Re-	gistered	Agent	
BEF	ELER, HENRY			81	Name				
TWO ALHAMBRA PLAZA				82	Circuit Addr	ess (P.O. Box Number is Not Acceptab	<u> </u>		
PENTHOUSE N				02	Street Addit	ess (F.O. Box Number is Not Acceptab	10)		
CORAL GABLES FL 33134				83	·····		**************************************		
				84	City			85 Zip (^ode
					,		FL	_ ` `	
11. Pursuant office or ragent La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida Such change was ations of, Section 607.0505, F	ites, the at authorized lorida Stat	oove d by utes	e-named corp the corporati	oration submits this statement for the pion's board of directors. I hereby acceptions	urpose o of the app	if changing Its pointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NO	TE: Registere:	d Age	ant signature require	ed when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AN	D DIRECTOR	S IN 12
TITLE	C	DELETE	1.1 Ti	TLE				Change	Addition
NAME	CODINA, ARMANDO			ME					
STREET ADDRESS	TWO ALHAMBRA PLAZA PH II			1.3 STREET ADDRESS					
CITY - \$1 - ZIP	CORAL GABLES FL		1.4.0	TY-S	ST-ZIP				
THE	VTS DELETE			2.1 TITLE				☐ Change	Addition
NAME	BEFELER, HENRY		2.2 N	AME					
STREET ADDRESS	TWO ALHAMBRA PLAZA, PH	H	2.3 \$1	TREET	ADDRESS				
City - \$1 - ZiP	CORAL GABLES FL		2.40	ITY-	ST-ZIP				
TITLE	P	☐ DELETE	3.1 Tr	TLE				Change	Addition
NAME	GIBSON, O FORD	••	3.2 N	AME					
STREET ADDRESS	TWO ALHAMBRA PLAZA, PH	II	3.3 S1	TREET	ADDRESS				
DITY-ST-ZIP	CORAL GABLES FL			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TI	TLE	- 1			Change	Addition
NAME			4. 2 N	IAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-7IP			4.4 C	11Y-5	ST-ZIP				

14. I do 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.

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY - ST- ZIP

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIP

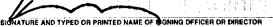
COTY - ST - ZIP

TITLE

NAME

TITLE

NAME



DELETE

DELETE

Date

FILED

May 12 1997 8:00am

Secretary of State

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Daytime Phone #

Change

Change

Addition

Addition