

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90034 024 \*\*\*150.00

DOCUMENT # J66869

1. Corporation Name  
CODINA DEVELOPMENT CORPORATION

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

Mailing Address  
TWO ALHAMBRA PLAZA, PENTHOUSE II  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1987

4. FEI Number

59-2784536

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEFELER, HENRY  
TWO ALHAMBRA PLAZA  
PENTHOUSE 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE VTS ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BEFELER, HENRY  
TWO ALHAMBRA PLAZA, PH II  
CORAL GABLES FL

1.2 NAME ☐ Change ☐ Addition

TITLE P ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GIBSON, O FORD  
TWO ALHAMBRA PLAZA, PH II  
CORAL GABLES FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99  
Date

Daytime Phone #

0196902

CR2E034 (11/98)