PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI 1. Corporation	MENT # J66869						
CODINA DEVELOPMENT CORPORATION							
CODINA					I FRANKI OKA OKA AKAK INIO OKA INI OKA	ARIO BIRIN BIRIN B	EN 8120 122
Princinal Piace	of Business	Mailing Address			I (BESSIN PILO BILLS BILLS INTO BILLS (BS) BIDIO		
923							
TWO ALHAMBRA PLAZA. PENTHOUSE II TWO ALHAMBRA PLA					DO NOT WRITE IN THI	S SPACE	,
CORAL GABLES FL 33134 CORAL GABLES FL 33134					3. Date Incorporated or Qualifed		
					04/13/1987		
2. Principal Pl	lace of Business	2a. Mailing Address	•		4. FEI Number	App	olied For
21 26					59-2784536		Applicable_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	→		5. Certificate of Status Desired	\$8.75 A	
22		City & State			Fee Re		
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
23 28 Zip Country Zip			Country		8. This corporation owes the current year		
24	25	29 30	¬ ´		Personal Property Tax.		□No
24	9. Name and Address of Current				10. Name and Address of New Registere	d Agent	
			81	Name			
BEFELER, HENRY			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
	ALHAMBRA PLAZA						
	THOUSE II		83				
COH	AL GABLES FL 33134		84	City	F	85 Zip C	Code
	0500	- 1 007 1500 EL : le Ciatuta	the about		proporation submits this statement for the purpose of		registered
					ation's board of directors. I hereby accept the app	ointment as rec	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes	•	•		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Ager	nt signature requ	uired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
TITLE	С	☐ DELETE 1.1 TI				Change	☐ Addition
NAME	CODINA, ARMANDO	1.2 NA					
STREET ADDRESS	Two alhambra plaza PH II	ZA PH II 1.3 ST		FADORESS			
CITY-ST-ZIP	CORAL GABLES FL	1.4 CI		T-ZIP		[7] Change	Addition
ΠLE	VTS	☐ DELETE 2.1 TII		-		□ cusuds	T vocation
NAME	BEFELER, HENRY	•					
.STREET ADDRESS			2.3 STREE	TADORESS		م الكان مستدان الماليان مراء ان رهمان	
CITY-ST-ZIP	P CONAL GABLES FL			51-219		Change	Addition
NAME	GIBSON, O FORD	 -	3.2 NAME				
STREET ADDRESS	TWO ALHAMBRA PLAZA, PH II		3.3 STREET	T ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL	•	3.4. CITY-5				
ME		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		☐ Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			i ⊂uange	Audillon
NAME				T ADDRESS			
STREET ADDRESS			5.4 CITY+S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME		<u> </u>	6.2 NAME			-	
STREET ADDRESS			6.3 STREE	TADDRESS			}
I DILICET MUDICION	1			1			

14. 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 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATIVE REQUIRED ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

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

04-09-1999 90034 024 ***150.00