

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, OVERSIC AMOUNT DUE TO REINSTATE: \$376)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 JUL 13 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K50729 (8)**

1. Corporation Name  
**CODINA BUSH HOMES, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**TWO ALHAMBRA PLAZA PH 2 CORAL GABLES FL 33134**

3. Date Incorporated or Qualified **12/12/1988** 3a. Date of Last Report **04/22/1994**  
4. FEI Number **65-0129431** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent  
**BEFELER, HENRY  
TWO ALHAMBRA PLAZA  
PENTHOUSE 2  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>CODINA, ARMANDO</b>
STREET ADDRESS	<b>TWO ALHAMBRA PLAZA PH 2</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	<b>VPT</b>
NAME	<b>BEFELER, HENRY</b>
STREET ADDRESS	<b>TWO ALHAMBRA PLAZA PH 2</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	<b>AST</b>
NAME	<b>CODINA, MARGARITA</b>
STREET ADDRESS	<b>TWO ALHAMBRA PLAZA PH 2</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>AST</b>
NAME	<b>CODINA, MARGARITA</b>
STREET ADDRESS	<b>TWO ALHAMBRA PLAZA PH 2</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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)(k), 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.

SIGNATURE Henry Befeler DATE 6/16/95 205-520-2318  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Corporate Phone #)

CR2E034 (3/95)