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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **K99438** (9)

1. Corporation Name  
**CODINA DEERING, INC.**

Principal Place of Business: **% ARMANDO CODINA 13605 OLD CUTLER ROAD MIAMI FL 33158**

Mailing Address: **% ARMANDO CODINA 13605 OLD CUTLER ROAD MIAMI FL 33158**

3. Date Incorporated or Qualified: **07/03/1989**

3a. Date of Last Report: **04/18/1994**

4. FFI Number: **59-2988886**

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 § 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. State, Apt. # etc.: **27**

23. City & State: **28**

24. Zip: **25**

25. County: **29**

30. County

9. Name and Address of Current Registered Agent

**RAY, DOUGLAS T  
13605 OLD CUTLER RD.  
MIAMI FL 33158**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1528, Florida Statutes, the above named corporation submits the 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: *Douglas T. Ray* 4-28-95

| 12. LIST OF OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995 |  |
|------------------------------------|-----------------------|---|--|
| TYPE                               | PD                    | 1. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                               | CODINA, ARMANDO       | 2. NAME   |  |
| STREET ADDRESS                     | 2 ALHAMBRA PLAZA PH2  | 3. STREET ADDRESS                                       |  |
| CITY & STATE                       | CORAL GABLES FL       | 4. CITY & STATE   |  |
| TYPE                               | VD                    | 21. TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                               | FERNANDEZ, JUAN       | 22. NAME  | Fernandez, Juan  |
| STREET ADDRESS                     | 13605 OLD CUTLER ROAD | 23. STREET ADDRESS                                      | 13605 Old Cutler Road  |
| CITY & STATE                       | MIAMI FL              | 24. CITY & STATE  | Miami, FL  |
| TYPE                               | VD                    | 21. TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                               | RODON, RAFAEL         | 22. NAME  | Rodon, Rafael  |
| STREET ADDRESS                     | 2 ALHAMBRA PLAZA PH2  | 23. STREET ADDRESS                                      | 2 Alahmbra Plaza PH2   |
| CITY & STATE                       | CORAL GABLES FL       | 24. CITY & STATE  | Coral Gables, FL   |
| TYPE                               | VSD                   | 21. TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                               | BEFELER, HENRY        | 22. NAME  | Befeler, Henry   |
| STREET ADDRESS                     | 2 ALHAMBRA PLAZA PH2  | 23. STREET ADDRESS                                      | 2 Alhambra Plaza PH2   |
| CITY & STATE                       | CORAL GABLES FL       | 24. CITY & STATE  | Coral Gables, FL   |
| TYPE                               | VTD                   | 21. TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                               | RAY, DOUGLAS T        | 22. NAME  | Ray, Douglas T   |
| STREET ADDRESS                     | 13605 OLD CUTLER RD.  | 23. STREET ADDRESS                                      | 13605 Old Cutler Road  |
| CITY & STATE                       | MIAMI FL              | 24. CITY & STATE  | Miami, FL  |
| TYPE                               |                       | 21. TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                               |                       | 22. NAME  | Gift, Jess   |
| STREET ADDRESS                     |                       | 23. STREET ADDRESS                                      | 13605 Old Cutler Road  |
| CITY & STATE                       |                       | 24. CITY & STATE  | Miami, FL  |

14. I, the undersigned, certify that the information supplied on this form is voluntarily furnished and I believe that I qualify for the exemption stated in Section 199.07(3)(b) Florida Statutes. I further certify that the above information appears on the annual report or supplemental annual report as 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 of the above named business and I am authorized to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 13 of this report or on an attached sheet.

SIGNATURE: *Douglas T. Ray* 4-28-95 (305) 256-3335

DOUGLAS T. RAY