

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mochar  
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: **05/01/1995**  
4. FEI 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 s. 199.032 Florida Statutes:  Yes  No

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24 25 26 27 28 29 30 2a. Mailing Address: 26 Sub. Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Numbers Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0205(1)(b) of 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. Said 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 607.0205, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	CODINA, ARMANDO	
STREET ADDRESS	2 ALHAMBRA PLAZA PH2	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, JUAN	
STREET ADDRESS	13605 OLD CUTLER ROAD	
CITY-STATE-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RODON, RAFAEL	
STREET ADDRESS	2 ALHAMBRA PLAZA PH2	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BEFELER, HENRY	
STREET ADDRESS	1 ALHAMBRA PLAZA PH2	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	RAY, DOUGLAS T	
STREET ADDRESS	13605 OLD CUTLER ROAD	
CITY-STATE-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GIFT, JESS	
STREET ADDRESS	13605 OLD CUTLER ROAD	
CITY-STATE-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11-TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-NAME	
13-STREET ADDRESS	
14-CITY-STATE-ZIP	
15-TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16-NAME	
17-STREET ADDRESS	
18-CITY-STATE-ZIP	
19-TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20-NAME	
21-STREET ADDRESS	
22-CITY-STATE-ZIP	
23-TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24-NAME	
25-STREET ADDRESS	
26-CITY-STATE-ZIP	
27-TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28-NAME	
29-STREET ADDRESS	
30-CITY-STATE-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)(a), Florida Statutes. I further certify that the information base upon this 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 registered transferor provided 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 to this address.

SIGNATURE: *Douglas T. Ray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/96 305-256-3335

CR2E034 (12/95)