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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 33159**

Mailing Address: **% ARMANDO CODINA, 13605 OLD CUTLER ROAD, MIAMI FL 33158-1334**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/03/1989	3a. Date of Last Report 05/24/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FLI Number 59-2988886	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 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 & title if applicable (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CODINA, ARMANDO	
STREET ADDRESS	2 ALHAMBRA PLAZA PH2	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RODON, RAFAEL	
STREET ADDRESS	2 ALHAMBRA PLAZA PH2	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BEFELER, HENRY	
STREET ADDRESS	1 ALHAMBRA PLAZA PH2	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	RAY, DOUGLAS T	
STREET ADDRESS	13605 OLD CUTLER ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GIFT, JESS	
STREET ADDRESS	13605 OLD CUTLER ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Addition
4.2 NAME	VP/T DIANNE HARKER
4.3 STREET ADDRESS	13605 OLD CUTLER ROAD
4.4 CITY-ST-ZIP	CORAL GABLES, FL 33158
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP ROBERT G. FERRANTI
5.3 STREET ADDRESS	13605 OLD CUTLER ROAD
5.4 CITY-ST-ZIP	CORAL GABLES, FL 33158
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 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 with an attachment with an address.

SIGNATURE: *Robert G. Ferranti* VP. *Robert G. Ferranti*

CR2E034 (9/96)