

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999

DOCUMENT # P-92000013497

1. Corporation Name

CODEGA REALTY INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 NOV 19 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9300 N.W. 58 St.
Suite # 209
Miami, FL 33178

Mailing Address

9300 N. W. 58 St.
Suite # 209
Miami, FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/92

4. FEI Number

65-0388410

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 owes the current year
Intangible Personal Property.

☐ Yes

☐ No

2. Principal Place of Business

21. 9300 N. W. 58 Street

Suite, Apt. #, etc.

22. Suite # 209

City & State

23. Miami, Florida

Zip

24. 33178

Country

25. USA

2a. Mailing Address

26. 9300 N. W. 58 Street

Suite, Apt. #, etc.

27. Suite # 209

City & State

28. Miami, Florida

Zip

29. 33178

Country

30. USA

9. Name and Address of Current Registered Agent

SANTAMARIA, ENRIQUE
9300 N. W. 58 St.
Miami, FL 33178

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 and familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1. NAME

~~COHEN, MANUEL~~
~~9300 N. W. 58 St.~~
~~Miami, FL.~~

2. NAME

S
ENRIQUE SANTAMARIA
9300 N. W. 58 St.
Miami, FL.

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