

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

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95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000051637 (4)

1. Corporation Name
CODINA WEST DADE DEVELOPMENT CORP. NO. 2

Principal Place of Business TWO ALHAMBRA PLAZA PENTHOUSE II CORAL GABLES FL 33134	Mailing Address TWO ALHAMBRA PLAZA PENTHOUSE II CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/11/1994	3a. Date of Last Report
4. FEI Number 65-0504120	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	29 Country
25	30

9. Name and Address of Current Registered Agent
**ROSENBERG, DONALD S
1 S.E. 3RD AVE.
SUITE 2600
MIAMI FL 33131**

10. Name and Address of New Registered Agent

01 Name BEFELER, HENRY
02 Street Address (P.O. Box Number is Not Acceptable) TWO ALHAMBRA PLAZA
03 PENTHOUSE II
04 City CORAL GABLES
05 Zip Code FL 33134

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: HENRY BEFELER 4-3-95
DATE: 4-3-95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CODINA, ARMANDO M
STREET ADDRESS	2 ALHAMBRA PLAZA, PENTHOUSE II
CITY, ST, ZIP	CORAL GABLES FL 33134
TITLE	ST
NAME	BEFELER, HENRY
STREET ADDRESS	% 2 ALHAMBRA PLAZA, PENTHOUSE II
CITY, ST, ZIP	CORAL GABLES FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	300001488273
14 CITY, ST, ZIP	-05/16/95--01019--003
21 TITLE	***1400.00 ***200.00 Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	AP 6/16
63 STREET ADDRESS	
64 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 110.07(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 4-3-95 (305) 520-2300
DATE: 4-3-95