

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

PROFIT CORPORATION ANNUAL REPORT 1996



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**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified  
**07/11/1994**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0504120**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contributor  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**BEFELER, HENRY  
TWO ALHAMBRA PLAZA  
PENTHOUSE II  
CORAL GABLES FL 33134**

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 in the Massachusetts

(Date) Registered Agent signature required when recording

(Date)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>OP</b>	<input type="checkbox"/>
NAME	<b>CODINA, ARMANDO M</b>	
STREET ADDRESS	<b>2 ALHAMBRA PLAZA, PENTHOUSE II</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>ST</b>	<input type="checkbox"/>
NAME	<b>BEFELER, HENRY</b>	
STREET ADDRESS	<b>% 2 ALHAMBRA PLAZA, PENTHOUSE II</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2. NAME			
3. STREET ADDRESS			
4. CITY - ST - ZIP			
5. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6. NAME			
7. STREET ADDRESS			
8. CITY - ST - ZIP			
9. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
10. NAME			
11. STREET ADDRESS			
12. CITY - ST - ZIP			
13. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
14. NAME			
15. STREET ADDRESS			
16. CITY - ST - ZIP			
17. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
18. NAME			
19. STREET ADDRESS			
20. 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 119.07(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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**HENRY BEFELER**

1-15-96 (305) 520-2300 DATE OF FILING DATE TO PHONE

CR2E034 (12/95)