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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000051637 (4)

CODINA WEST DADE DEVELOPMENT CORP. NO. 2

Principal Place of Business Mailing Address TWO ALHAMBRA PLAZA TWO ALHAMBRA PLAZA PENTHOUSE II PENTHOUSE (I CORAL GABLES FL 33134 CORAL GABLES FL 33134-5202 3a. Date of Last Report 3. Date incorporated or Qualified 05/01/1996 07/11/1994 4. FÉI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0504120 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5,00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BEFELER, HENRY TWO ALHAMBRA PLAZA Street Address (P.O. Box Number Is Not Acceptable) 82 PENTHOUSE II 83 CORAL GABLES FL 33134 84 City 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 types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change ___ DELETE 1.1 TITLE THE CODINA, ARMANDO M 1.2 NAME NAME 2 ALHAMBRA PLAZA, PENTHOUSE II STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL 33134 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition DELETE THLE 2.1 TITLE BEFELER. HENRY 2.2 NAME MAME % 2 ALHAMBRA PLAZA, PENTHOUSE II 2.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 2.4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF Addition DELETE Change 5.1 TITLE THILE 52 NAME HAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-7IP Change Addition DELETE 6 1 TITLE 100 F 62 NAME NAME **63 STREET ADDRESS** STREET ADDRESS 64 CITY-ST-ZIP CITY - ST - ZIF 14. I do hereby certify that the information supplied with this filing does not quality 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, or on an attachment with an address.

GNATURE AND TYPED OF MINTED NIME OF SIGNING OFFICER OR DIRECTOR

FILED
May 12 1997 8:00am
Secretary of State



(96/6)

Daytime Phone #