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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

CODEC INC.

DOCUMENT #

756392

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FILED May 01 1996 8:00 am Secretary of State

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Principal Place of I	Business					_		ļ				
300 SW 12 AVE	STE "A"			300 SW 12 A		•						
MIAMI FL 33130				MIAMI FL 33130					3. Date Incorporated or Qualified	3a. Da	te of Last F	Report
								}	02/16/1981	-	05/01/1	995
				Moiling Add	troce				4. FEI Number		Α	pplied For
2. Principal Place of Business				2a. Mailing Address					39 21 10200			lot Applicable
1			20	Suite, Apt.	#. etc.				5. Certificate of Status Desired			Additional
Suite, Apt. #, 6	etc.		27	C 2 7					5. Germicate of Status accuracy			Required
City & State			11	City & State	e				6. Election Campaign Financing			May Be to Fees
3			28						Trust Fund Contribution			
Zip	Co	ountry		Zip		<u> </u>	intry		This corporation has liability for in Florida Statutes	Yes [No	155.002,
4	25		29			30	r		10. Name and Address of New Re			
	9. Name and A	ddress of Curren	t Regi:	stered Agen	<u> </u>		B1 Name	P.				
							1 1		D.O. Bay Number is Not Acceptable	[e]		
DIAZ, GUARIONE M							\$2 Stree	et Addres	dress (P.O. Box Number is Not Acceptable)			
300 SW 12 AVE.				63			83					
third fl	OOR										85 Zij	p Code
MIAMI FL	. 33130						84 City			FL	. []	
		0.17.0500	2 and 6	17 1509 Flo	ricla Statute	es the ab	ove-named	corpora	tion submits this statement for the pur d of directors. I hereby accept the appo	pose of ch	anging its r	registered office
 Pursuant to or registered 	the provisions of diagent, or both,	in the State of Flori	ida. Su	ch change w	as authoriz	ed by the	corporation	's board	tion submits this statement for the pur d of directors. I hereby accept the appo	JII KITTIÇET L. A.	s registered	agon
familiar with	, and accept the	obligations of, Sect	tion 61	7.0503, Florid	ga Statutes							
SIGNATURE _	- de post	ic name of registered agen	e ano title	Fapplicable		TE Fingistere	ad Agent signatu	re required	when rainstating)	DATE	DIDECT	709 IN 12
12.	ignature, typed or prince	OFFICERS AN	ND DIRE	ECTORS		13	l		ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition
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I do hereby certify that the information supplied with this filing is voluntarily rurnished and does not qualify for the examplian states in Section 113 of Right, handed catalogues and 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 early that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

APR 2 2 1996