


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION, ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 756392 (7)**

1. Corporation Name  
**CODEC INC.**



Principal Place of Business <b>300 SW 12 AVE STE 'A' MIAMI FL 33130</b>	Mailing Address <b>300 SW 12 AVE STE 'A' MIAMI FL 33130</b>
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3. Date Incorporated or Qualified <b>02/16/1981</b>	
4. FEI Number <b>59-2110238</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1223 S.W. 4th Street</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1223 S.W. 4th Street</b> Suite, Apt. #, etc.
22 <b>Third floor</b> City & State	27 <b>Third floor</b> City & State
23 <b>Miami, FL</b> Zip	28 <b>Miami, FL</b> Zip
24 <b>33135</b> Country <b>US</b>	29 <b>33135</b> Country <b>US</b>

9. Name and Address of Current Registered Agent

**DIAZ, GUARIONE M**  
**300 SW 12 AVE.**  
**THIRD FLOOR**  
**MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>BERNAL, PETER</b>	
STREET ADDRESS	<b>300 SW 12 AVE STE A</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>BECKER, ALINA E.</b>	
STREET ADDRESS	<b>300 SW 12 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>DE GOYTISOLO, AGUSTIN G.</b>	
STREET ADDRESS	<b>799 BRICKELL PLAZA</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>DE LA CAMPA, IGNACIO</b>	
STREET ADDRESS	<b>140 W FLAGLER</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>DIAZ, GUARIONE M.</b>	
STREET ADDRESS	<b>300 SW 12TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>GALNARES, BENIGNO</b>	
STREET ADDRESS	<b>3700 WEST 12TH AVE</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Andres Pazos 04/20/98 (305)642-1381

CR2E037 (10/97)