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**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90132 004 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 756392

1. Corporation Name  
**CODEC INC.**

Principal Place of Business  
 1223 SW 4TH ST  
 3RD FL  
 MIAMI FL 33135  
 US

Mailing Address  
 300 SW 12 AVE STE "A"  
 MIAMI FL 33130



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 1223 SW 4th St.	02/16/1981
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27 2nd floor	59-2110238
City & State	City & State	Applied For
23	28 MIAMI, FL	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	MIAMI, FL <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Country	Zip	6. Election Campaign Financing
29 33135	30	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL 33135
83 1223 S.W. 4th ST.	
84 City	
MIAMI	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNAL, PETER	1.2 NAME	
STREET ADDRESS	300 SW 12 AVE STE A	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SSSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, ALINA E.	2.2 NAME	
STREET ADDRESS	300 SW 12 AVE.	2.3 STREET ADDRESS	1223 SW 4th St, 2nd floor
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	Miami, Fl 33135
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE GOYTISOLO, AGUSTIN G.	3.2 NAME	DE GOYTISOLO, AGUSTIN -
STREET ADDRESS	799 BRICKELL PLAZA	3.3 STREET ADDRESS	1000 BRICKELL AVE., #660
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, GUARIONE M.	4.2 NAME	
STREET ADDRESS	300 SW 12TH AVE	4.3 STREET ADDRESS	1223 SW 4th St. 2nd. floor
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, Fl 33135
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALNARES, BENIGNO	5.2 NAME	Switzer, Raquel C
STREET ADDRESS	3700 WEST 12TH AVE	5.3 STREET ADDRESS	1390 S. Dixie Highway, #1108
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	Coral Gables, Fl 33146
TITLE	DVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAZOS, ANDRES	6.2 NAME	
STREET ADDRESS	1223 SW 4th St. 2nd floor	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33135	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, with all other like empowered.

SIGNATURE: Katherine Harris SIGNATURE REQUIRED Date: 4/26/99 (305) 642-1381 Daytime Phone #

CR2E037 (1/98)

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NON/PROFIT CORPORATION  
ANNUAL REPORT (Cont.)

DOCUMENT #756392

Doc # 756392

Corporation Name:

CODEC INC.

FBI NO. 59-2110238

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12. OFFICERS AND DIRECTORS (cont.)

TITLE                    D  
NAME:                    PUIG, JOSEFINA  
ST. ADD:                3500 N.W. 18th Ave.  
                              3rd. floor  
CITY-ZIP                MIAMI, FL 33142

TITLE:                    D  
NAME:                    MARTINEZ, FRANCISCA  
SR. ADD:                3500 NW 18th Ave.  
                              No. 404  
CITY - ZIP                MIAMI, FL 33142