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Secretary of State

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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		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28	MIAMI, FL	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29	33135	30	

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	2nd floor		

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
Signature and typed or printed name of signing officer or director 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

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