

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90094 037 \*\*\*\*70.00

**DOCUMENT # 756392**

1. Entity Name

**CODEC INC.**

Principal Place of Business

Mailing Address

1223 SW 4TH ST  
 3RD FL  
 MIAMI FL 33135  
 US

1223 SW 4TH ST.  
 2ND FLOOR  
 MIAMI FL 33135-2407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2110238**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAZ, GUARIONE M**  
**1223 S.W. 4TH ST.**  
**2ND FLOOR**  
**MIAMI FL 33135**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BECKER, ALINA E</b> <b>1223 SW 4TH ST.-2ND FLOOR</b> <b>MIAMI FL 33135</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>DE GOYTISOLO, AGUSTIN</b> <b>1000 BRICKELL AVE. #660</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DIAZ, GUARIONE M.</b> <b>1223 SW 4TH ST.-2ND FLOOR</b> <b>MIAMI FL 33135</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GALNARES, BENIGNO</b> <b>3700 WEST 12TH AVE</b> <b>MIAMI FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SWITZER, RAQUEL C</b> <b>1390 S. DIXIE HWY - #1108</b> <b>MIAMI FL 33146</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1223 S.W. 4th Street 2nd floor</b> <b>MIAMI, FL 33135</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D</b> <b>PAZOS, ANDRES</b> <b>1223 SW 4 ST, 2nd Floor</b> <b>MIAMI, FL 33135</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Rivero, Andrés</b> <b>1223 SW 4 st, 2nd Floor</b> <b>MIAMI, FL 33135</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

Date

Daytime Phone #

**041200 305.541.8885**

CR2E037 19/991

#756392  
64987

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NON/PROFIT CORPORATION  
ANNUAL REPORT (CONT.)

DOCUMENT NO. 756392

Corporation Name:

CODEC INC. 1223 S.W. 4th AVE., 2nd floor, MIAMI, FL 33135

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  
ST. ADD: 3500 N.W. 18th Ave.  
No. 404  
MIAMI, FL 33142

TITLE: D  
NAME: SUAREZ, ISABEL  
ST. ADD: 660 N.E. 149th Street  
No. 307  
North Miami, Fl 33161