

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90050 015 ****61.95

DOCUMENT # N99000006308
1. Entity Name
 Codel, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1223 SW 4th St.
 Suite, Apt. #, etc.

3. Mailing Address
 1223 SW 4th St.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Miami, FL

City & State
 Miami, FL

4. FEI Number
 651046219

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip 33145-2407 **Country** USA **Zip** 33145-2407 **Country** USA

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Mr. Guarione M. Diaz
Street Address (P.O. Box Number is Not Acceptable)
 1223 SW 4th St.
City Miami **FL** **Zip Code** 33135-2407

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 *Guarione M. Diaz*
Signature, typed or printed name of registered agent and the if applicable. (NO FL Registered Agent signature required when re-registering) DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE	PTD	TITLE	
NAME	Guarione M. Diaz	NAME	
STREET ADDRESS	1223 SW 4th St.	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33135-2407	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	Wilfredo O. Allen	NAME	
STREET ADDRESS	2250 SW 3rd Ave. , Suite 201	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33129	CITY-ST-ZIP	
TITLE	EVPD	TITLE	
NAME	Andres Pazos	NAME	
STREET ADDRESS	1223 SW 4th St.	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33135-2407	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address with all other like empowered.

SIGNATURE: *Guarione M. Diaz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037B (12/01)