

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90023 044 ****70.00

DOCUMENT # N99000006308					
1. Entity Name CODEL, INC.					
Principal Place of Business 1223 SW 4TH ST. MIAMI, FL 33130-2038			Mailing Address 1223 SW 4TH ST. MIAMI, FL 33130-2038		
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 65-1046219	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DIAZ, GUARIONE M 1223 SW 4TH ST. MIAMI, FL 33130-2038			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DIAZ, GUARIONE M 1223 SW 4TH ST. MIAMI, FL 331352407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, WILFREDO O 2250 SW 3RD AVE SUITE 201 MIAMI, FL 33129	<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	EVPD PAZOS, ANDRES 1223 SW 4TH ST. MIAMI, FL 331352407	<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	T SWITZER, RAQUEL C 1390 SOUTH DIXIE HWY, STE 1108 CORAL GABLES, FL 331462944	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWITZER, RAQUEL C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTANA, CHRISTINA 1223 SW 4TH ST. MIAMI, FL 33155	<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	D GALAN, JUAN A JR. 355 COCOPLUM RD. CORAL GABLES, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <i>Guarione M. Diaz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			GUARIONE M. DIAZ PRESIDENT		
			11/5/2004 (305) 412 3484 x103 <small>Date Daytime Phone #</small>		

24005857



01152004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-1046219 Applied For Not Applicable

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

DIAZ, GUARIONE M
1223 SW 4TH ST.
MIAMI, FL 33130-2038

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~PTD~~
DIAZ, GUARIONE M
1223 SW 4TH ST.
MIAMI, FL 331352407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALLEN, WILFREDO O
2250 SW 3RD AVE SUITE 201
MIAMI, FL 33129 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~EVPD~~
PAZOS, ANDRES
1223 SW 4TH ST.
MIAMI, FL 331352407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~T~~
~~SWITZER, RAQUEL C~~
1390 SOUTH DIXIE HWY, STE 1108
CORAL GABLES, FL 331462944 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SANTANA, CHRISTINA
1223 SW 4TH ST.
MIAMI, FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~D~~
GALAN, JUAN A JR.
355 COCOPLUM RD.
CORAL GABLES, FL 33143 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SWITZER, RAQUEL C
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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SIGNATURE: *Guarione M. Diaz*
GUARIONE M. DIAZ
PRESIDENT

11/5/2004 (305) 412 3484 x103
Date Daytime Phone #