

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93595 029 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PO1000046053**
 1. Entity Name
CODE ENTERPRISE, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1600 NW 84 AV.
 Suite, Apt. #, etc.
 City & State
MIAMI, FL
 Zip
33126

3. Mailing Address
 Suite, Apt. #, etc.
SAME
 City & State
 Zip
 Country

4. FEI Number
65-1104903

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent:
 Name
ESCOBAR, MIGUEL A.
 Street Address (P.O. Box Number is Not Applicable)
1600 NW 84 AV.
 City
MIAMI FL Zip Code
33126

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 **MIGUEL A. ESCOBAR** **MIGUEL A. ESCOBAR** **5/15/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE	PD	TITLE	
NAME	ESCOBAR, MIGUEL A.	NAME	
STREET ADDRESS	1600 NW 84 AV.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	SOLANILLA, JAVIER C.	NAME	
STREET ADDRESS	1600 NW 84 AV.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	
TITLE	LD	TITLE	
NAME	DAEZ, ACONSO	NAME	
STREET ADDRESS	1600 NW 84 AV.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **MIGUEL A. ESCOBAR** **MIGUEL A. ESCOBAR** **5/15/02** **(305) 715-7272**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)