FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000061170

1. Corporation Name
CODESA GROUP CORP.

Principal Place of Business
19991 S.W 180 Street
Miami Fl 33187

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Miami-Dade County Fla

2a. Mailing Address
26 Same

Suite, Apt. #, etc.
22 —

Suite, Apt. #, etc.
27 —

City & State
23 —

City & State
28 —

Zip
24 —

Country
25 —

Zip
29 —

Country
30 —

3. Date Incorporated or Qualified
07-22-1996

4. FEI Number
65-0682763

☐ Applied For
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Amerilawyer Chartered
343 Almeria Ave
Coral Gables Fl 33134

10. Name and Address of New Registered Agent

81 Name —

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

83 —

84 City — **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PRESIDENT	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	ROBERTO POZO		12 NAME		
STREET ADDRESS	19991 SW 180 st		13 STREET ADDRESS		
CITY-ST-ZIP	Miami Fl 33187		14 CITY-ST-ZIP		
TITLE	VICE-PRESIDENT	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	MARIA JOSE FULGUEIRA		22 NAME		
STREET ADDRESS	19991 SW 180 st		23 STREET ADDRESS		
CITY-ST-ZIP	Miami Fl 33187		24 CITY-ST-ZIP		
TITLE	SECRETARY	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MARIA JOSE FULGUEIRA		32 NAME		
STREET ADDRESS	19991 SW 180 st		33 STREET ADDRESS		
CITY-ST-ZIP	Miami Fl 33187		34 CITY-ST-ZIP		
TITLE	TREASURER	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	ROBERTO POZO		42 NAME		
STREET ADDRESS	19991 SW 180 st		43 STREET ADDRESS		
CITY-ST-ZIP	Miami Fl 33187		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE	100002505351	☐ Change ☐ Addition
NAME			52 NAME	-04/29/98--01067--005	
STREET ADDRESS			53 STREET ADDRESS	***150.00	
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME	PE 4.28	
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (10/97)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maria Jose Fulgueira 4-15-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #