

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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90049 014 \*\*\*158.75

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000043792

1. Corporation Name  
CODIPEX ENTERPRISES, INC.

Principal Place of Business

~~8101 NW 36TH STREET, STE 20-A~~  
MIAMI FL 33166

Mailing Address

~~8051 NW 36TH STREET, STE 525~~  
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1997

4. FEI Number

65-0754227

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 the current year Intangible  
Personal Property Tax.

☒

Yes ☐ No

2. Principal Place of Business

21 8051 NW 36th Street

Suite, Apt. #, etc.

22 SUITE 600

City & State

23 MIAMI, FL

Zip

24 33166

Country

25 U.S.A.

2a. Mailing Address

26 8051 NW 36th Street

Suite, Apt. #, etc.

27 SUITE 600

City & State

28 MIAMI, FL

Zip

29 33166

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

~~EDSON MARTINS LOPES, JR.~~  
~~8181 NW 36TH STREET, STE 20-A~~  
~~MIAMI FL 33166~~

10. Name and Address of New Registered Agent

81 Name

DE CAMPOS, FABIO MARCIANO

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

8051 NW 36th Street

83

SUITE 600

84 City

MIAMI

FL

85 Zip Code

33166

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

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

DE CAMPOS, FABIO M.

(NOTE: Registered Agent signature required when reinstating)

1/14/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PVS~~ ☒ DELETE  
NAME ~~LOPES, EDSON MARTINS~~  
STREET ADDRESS ~~8101 NW 36TH STREET, STE 20-A~~  
CITY-ST-ZIP ~~MIAMI FL 33166~~

TITLE ~~PVS~~ ☒ DELETE  
NAME ~~LOPES, EDSON MARTINS~~  
STREET ADDRESS ~~8101 NW 36TH STREET, STE 20-A~~  
CITY-ST-ZIP ~~MIAMI FL 33166~~

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~PVS~~ ☒ Change ☐ Addition  
1.2 NAME ~~DE CAMPOS, FABIO MARCIANO~~  
1.3 STREET ADDRESS ~~8051 NW 36th Street # 600~~  
1.4 CITY-ST-ZIP ~~MIAMI, FL 33166-0627~~

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DE CAMPOS, FABIO M.

1/14/99

Date

(305) 513-3355

Daytime Phone #

CR2E034 (11/98)