

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756392

Entity Name: CODEC INC.

**Current Principal Place of Business:**

1223 SW 4TH STREET  
2ND FLOOR  
MIAMI, FL 33135

**Current Mailing Address:**

1223 SW 4TH STREET  
2ND FLOOR  
MIAMI, FL 33135 US

FEI Number: 59-2110238

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

DIAZ, GUARIONE M  
1223 SW 4TH STREET  
2ND FLOOR  
MIAMI, FL 33135 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name           SWITZER, RAQUEL C  
Address        1360 S. DIXIE HWY  
                  SUITE 355  
City-State-Zip: CORAL GABLES FL 33146

Title           DIRECTOR  
Name           PUENTE, ASELA  
Address        1223 SW 4TH STREET  
                  2ND FLOOR  
City-State-Zip: MIAMI FL 33135

Title           PRESIDENT, DIRECTOR  
Name           DIAZ, GUARIONE M  
Address        1223 SW 4TH STREET  
                  2ND FLOOR  
City-State-Zip: MIAMI FL 33135

Title           EXECUTIVE VICE PRESIDENT,  
                  DIRECTOR  
Name           PAZOS, ANDRES  
Address        1223 SW 4TH STREET  
                  2ND FLOOR  
City-State-Zip: MIAMI FL 33135

Title           SECRETARY, DIRECTOR  
Name           SANTANA, CRISTINA  
Address        1223 SW 4TH STREET  
                  2ND FLOOR  
City-State-Zip: MIAMI FL 33135

Title           DIRECTOR  
Name           GONZALEZ, GRACIELA  
Address        21215 SW 85 AVENUE  
City-State-Zip: MIAMI FL 33189

Title           DIRECTOR, CHAIRMAN  
Name           MASVIDAL, SERGIO J  
Address        6800 SW 80TH AVENUE  
City-State-Zip: MIAMI FL 33143

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: GUARIONE M DIAZ

PRESIDENT

03/03/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date