

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90117 004 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P94000020566**

1. Corporation Name  
**MEDINA TILES, INC.**



Principal Place of Business <b>14245 SW 11 TERRACE</b> <b>MIAMI FL 33184</b> <b>US</b>	Mailing Address <b>14245 SW 11TH TERRACE</b> <b>MIAMI FL 33184</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE


2. Principal Place of Business 21 <b>9501 S.W 37ST</b>		2a. Mailing Address 26 <b>9501 S.W 37ST</b>		3. Date Incorporated or Qualified <b>03/14/1994</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>65-0474991</b>	
City & State 23 <b>miami FL</b>		City & State 28 <b>miami FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33165</b>		Zip 29 <b>33165</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25 <b>Dade</b>		Country 30 <b>Dade</b>		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MEDINA, RAFAEL J</b> <b>14245 S.W. 11TH TERRACE</b> <b>MIAMI FL 33184</b>				10. Name and Address of New Registered Agent 81 Name <b>Medina RAFAEL J</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>9501 S.W 37ST</b> 83 <b>miami</b> 84 City <b>FL</b> 85 Zip Code <b>33165</b>	

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  **RAFAEL J. MEDINA PRESIDENT/DIRECTOR** **2/24/99**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PB</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MEDINA, RAFAEL B</b>		1.2 NAME <b>MEDINA RAFAEL J</b>	
STREET ADDRESS <b>3033 S.W. 134TH PLACE</b>		1.3 STREET ADDRESS <b>9501 SW 37 STREET</b>	
CITY-ST-ZIP <b>MIAMI FL 33175</b>		1.4 CITY-ST-ZIP <b>MIAMI FL 33165</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MEDINA, ESPERANZA M</b>		2.2 NAME <b>MEDINA ESPERANZA M</b>	
STREET ADDRESS <b>3033 S.W. 134TH PLACE</b>		2.3 STREET ADDRESS <b>3033 SW 134th PLACE</b>	
CITY-ST-ZIP <b>MIAMI FL 33175</b>		2.4 CITY-ST-ZIP <b>MIAMI FL 33175</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MEDINA, RAFAEL J</b>		3.2 NAME <b>MEDINA RAFAEL B</b>	
STREET ADDRESS <b>14245 SW 11TH TERRACE</b>		3.3 STREET ADDRESS <b>3033 SW 134th PLACE</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		3.4 CITY-ST-ZIP <b>MIAMI FL 33175</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  **RAFAEL J. MEDINA PRESIDENT/DIRECTOR**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/99** **305 229-1877**  
Date Daytime Phone

CR2E034 (11/98)