DOCUMENT # 1. Entity Name

P94000020566

MEDINA TILES, INC.

9501 SW 37 MIAMI FL 331 US	165	Mailing Address 9501 SW 37 ST MIAMI FL 33165 US								
	Place of Business 9 5.W 3357	3. Mailing Address 13420 5.W 3357			·	1 (20163) (10 1011) 01611 00111	22(1) 00:11 96:10 ()			
Suite, Apt.		Suite, Apt. #, etc.		<i></i>		DO NOT WE	RITE IN THIS SE	PACE		
City & State	<u> </u>	City & State			4 F	El Number CF 047400		IĀ	pplied For	1
midn	<u>~</u> /	Only & State				65-047499	91	\rightarrow	ot Applicable	1
Zip 3	3/75 Country Days	33/75	Coun	Dade	5. 0	Certificate of Status Desired		8.75 Ad		
	6. Name and Address of Current R	<i></i>	4)4 Q (7. N	lame and Address of New		<u> </u>		1
MEDIMA	RAFAEL J			RAF	act	5 Medir	a.	حد سيمن		- ye
9501 SW				Street Address (P.O. Box Number is Not Acceptable)						1
MIAMI FL				10 10					<u></u>	1
	$-\mathcal{N}/$			' mid City	774		FL	Zip Coo	de,	1
O The above		the appearant sheet in the			internal one			33	175	-
8. The above	named patity submits this statement for	the purpose of changing its	registere	ea office or reg	istered age					
SIGNATURE	Signature, typeur printed name of registered agent an			Medina Agent signature rec			/20/02 DATE	· -		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00				10. Election Campaign F	inancing	\$5.0	OO May Be	1
_	·					Trust Fund Contribut	ion.		d to Fees	
(See criter	ria on back)	Make Check Payab	le to De		State			Adde		
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13. I hereby certify that the information supplied with his 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 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 this experimental properties as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attack ment with an address, with all other like empowered.

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR .

୍ଜାନ୍ୟ Rafael କୁ ମୁକ୍ଲ - President 2/20/02 (305)229-1877 Date

Daytime Phone #