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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

## 1999 DIVISION OF CORPORATIONS DOCUMENT # P96000028743 1. Corporation Name

## Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90109 028 \*\*\*150.00

MEDINA HOLI	DINGS, INC.							
Principal Place of Bu	siness	Mailing Address					ANI 18411 FAOTI	OLANE KILL INGI
167 WEST 23RD STRE		167 WEST 23RD STREET						
HIALEAH FL 33010 HIALEAH FL 33010								
						ITE IN THIS S	PACE	
					3. Date Incorporated or Qualifed			
					03/26/1996			
2. Principal Place of	Business	2a. Mailing Address			4. FEI Number		_ <del> ·</del>	plied For
21		26			65-0664720			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75	
22		27					Fee Re	
City & State		City & State			6. Election Campaign Financing		\$5.00	
23		28	O		Trust Fund Contribution		Added	to Fees
l Zìp <del>⊢∵</del> ¬	Country	Zip	Country		8. This corporation owes the cur		ngible ∐Yes	□No
24	25		10		Personal Property Tax.  10. Name and Address of New			
9. 1	Name and Address of Current	Registered Agent	81	Name		registered A	gent	
080700	OSVALDO R ESQ.			DS	VALDO MEDINA			
	AL WAY, 4TH FLOOR		82	Street A	ddress (P.O. Box Number is Not Accept	able)		
MIAMI FL 3	•		83	- 10	01 00. 20 01.			
1410 4111 1 & C	55110		63					
			84	City	hAVEA1+	FL	85 Zip	3010
	provinings of Continue 607 0502	and 607 1509. Florida Statutes	the above		orporation submits this statement for the			
44 Discount to the	DIDARSIOUS OF ORCHOUS OCT. 0005	and 007, 1000, Fluida Statutes	horized by the	maineu C	-tit- beaut of disease 1 beauty and	ot the appoint	ment as re	aistered
office or registere	ed agent, or both, in⊾the State of	f Florida. Such change was aut	indized by the	he corpor	ation's board of directors. I hereby acce	P F. F		g
office or registere	ed agent, or both, in the State of liar with, and account the obligation	f Florida. Such change was autions of, Section 607.0505, Florid	da Statutes.	he corpor	ation's board of directors. I hereby acce	1.00	Δ	g
office or registere agent. I am famil SIGNATURE	ed agent, or both, in the State of liar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes.			1/18/9	9	
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office or registere agent. I am famil SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  D  MED  167	ed agent, or both, in the State of liar with, and agent the obligation, the printed name of registered agent of OFFICERS AND SINA, ENEIDA WEST 23RD STREET	ons of, Section 607.0505, Floric  and title if applicable (NOTE: R)  DIRECTORS	legistered Agent :  13.  1.1 TITLE  1.2 NAME  1.3 STREET A	signature req	uired when reinstating)  ADDITIONS/CHANGES TO OF	I/IS/9	9 DIRECTO	DRS IN 12
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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: