SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). PROFIT CORPORATION FLORIDA DEPARTMENT OF STATE FILED Sandra B. Mortham ANNUAL REPORT Secletary of State 1998 DIVISION OF CORPORATIONS: 98 OCT -9 PM 12:22 DOCUMENT # P97000002669 (4) SECRETARY OF STATE TALLAHASSEE, FLORIDA MEDINA'S COLLECTIONS, INC. Principal Place of Business Mailing Address 777 NW 72ND AVE., SHOWROOM 2AA11 777 NW 72ND AVE., SHOWROOM 2AA11 MIAMI FL 33126-3009 MIAMI FL 33126-3009 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/10/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65613360 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROS, MARIA V 220 MIRACLE MILE, STE. 218 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DPT TITLE 1.1 TITLE L Change Addition DELETE MEDINA, LUIS A 1.2 NAME NAME 7513 LOCHNESS DR. 1.3 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33014 CITY-ST-ZIP 1.4 CITY-ST-ZIP E006dition TITLE DVS DELETE 2.1 TITLE NAME medina. Berta e 2.2 NAME ****150.00 ****150.00 7513 LOCHNESS DR. STREET ADDRESS 2.3 STREET ADDRESS MIAMI LAKES FL 33014 CITY-ST-ZIP 2.4 CITY-ST-ZIP 3 1 TITLE DELETE TITLE ___ Change ___ Addition 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE Change TITLE DELETE Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change TITLE DELETE Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

246-264-2747

(2/38)CR2E034 Medimois Collections 777 NW 72 Ave miami, FL. 33126

Dear Tyrone,

This letter is to explain why this payment is mailed so late. I nover received the original form. After calling several times I finally got the form and it was returned. Please waive the ponalty fee. If you have very questions call me at 305-264-8747.

Thouk you,

Becky Medica