


FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

FILED
May 13 1998 8:00am
Secretary of State

CORPORATION
ANNUAL REPORT
1995 *1998*



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthain
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S87565** (5)

1. Corporation Name
MEDINA INTERNATIONAL, CORP.

Principal Place of Business
**5981 EAST 6 AVE.
HIALEAH FL 33013**

Mailing Address
**5981 EAST 6 AVE.
HIALEAH FL 33013**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
10/14/1991

3a. Date of Last Report
04/26/1994

4. FEI Number
65-0290841

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**MEDINA, MIRIAM
5981 E. 6 AVE
HIALEAH FL 33013**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____
Signature, typed or printed name of nonresident agent, if applicable. (NOTE: Registered Agent signature required when installing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MEDINA, LUIS H.
STREET ADDRESS	5981 EAST 6 AVE.
CITY - ST - ZIP	HIALEAH FL
TITLE	DVT
NAME	MEDINA, MIRIAM M.
STREET ADDRESS	5981 E. 6 AVE.
CITY - ST - ZIP	HIALEAH FL
TITLE	DS
NAME	MEDINA, MARIBEL C.
STREET ADDRESS	5981 E. 6 AVE
CITY - ST - ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>delete</i>
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>DPT same</i>
2.3 STREET ADDRESS	<i>same</i>
2.4 CITY - ST - ZIP	<i>same</i>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>DVS same</i>
3.3 STREET ADDRESS	<i>same</i>
3.4 CITY - ST - ZIP	<i>same</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Miriam Medine Miriam Medina* **04/26/98** **(305) 687-3373**