PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # \$87565



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90029 001 ***150.00



MEDINA	INTERNATIONAL, CORP.								
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Principal Plac	e of Business	Mailing Address			· ·	1 (0011810 ta) 1011[10081 01110 041	ELÎBBU ALANT AL	isi Bib ii Bibii	DIGIL BIBIT 1861
•		5981 EAST 6 AVE.							
5981 EAST 6 AVE. 5981 EAST 6 AVE. HIALEAH FL 33013 HIALEAH FL 33013									
						DO NOT WRITE	E IN THIS S	3PACE	
						3. Date Incorporated or Qualifed			
						10/14/1991			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	7	- Ar	pplied For
21		26				65-0290841		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		•	Additional
22		27	_			J. Commune of Charles Desired		Fee R	equired
City & Sta	te San Disk Disk	City & State				6. Election Campaign Financing			May Be
23	<u> </u>	28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the curre	•		
24	25		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	int Registered Agent		741 .	·	10. Name and Address of New Re	gistered A	gent	
MEC	DINA, MIRIAM			81 1	lame				
	1 E. 6 AVE		İ	82 5	treet Addre	ess (P.O. Box Number is Not Acceptab	ole)		
	EAH FL 33013		ļ	<u> </u>					
ПА	EAR FL 33013			83					G.
	•			84 C	ity			85 Zip	Code
	-			l	•		FL		
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Florida Statutes	s, the at	bove-na	amed corpo	oration submits this statement for the p n's board of directors. I hereby accept	urpose of o	hanging its	registered
office or i	registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was aut pations of, Section 607.0505, Florid	monzeo da Statu	i by me utes.	corporation	it's board of directors, I hereby accept	пе арропі	mient as re	gistered
SIGNATURE	•								Į.
OIGITATORE	Signature, typed or printed name of registered ag	jent and title if applicable. (NOTE: R	Registered	Agent sig	nature required	when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	DPT	☐ DELETE	1.1 111	RΕ				Change	☐ Addition
NAME	MEDINA, MIRIAM M.		1.2 NA	ME					
STREET ADDRESS			1.3 ST	REET AD	DRESS				
CITY-ST-ZIP	HIALEAH FL		•						
TITLE	DVS		1.4 CIT	TY-ST-ZI	-				
NAME		☐ DELETE	1.4 CП 2.1 TIT		-		·	Change	Addition
STREET ADDRESS	MEDINA, MARIBEL C.	☐ DELETE	_	TLE	-			Change	Addition
STALL ADDITION	5004 E 0 41/E	☐ DELETE	2.1 TIT 2.2 NA	TLE			 .	Change	Addition
CITY-ST-ZIP	5004 E 0 41/E	☐ DELETE	2.1 TIT 2.2 NA 2.3 STI	TLE VME	DRESS				
	5981 E. 6.AVE	☐ DELETE	2.1 TIT 2.2 NA 2.3 STI	TLE NME REET ADI	DRESS				Addition Addition
CITY-ST-ZIP	5981 E. 6.AVE		2.1 TIT 2.2 NA 2.3 STI 2.4 CI	TLE TREET ADI	DRESS				
CITY-ST-ZIP	5981 E. 6.AVE HIALEAH FL		2.1 TTT 2.2 NA 2.3 STT 2.4 CT 3.1 TTT 3.2 NA	TLE TREET ADI	DRESS IP	· · · · · · · · · · · · · · · · · · ·			
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CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	5981 E. 6.AVE HIALEAH FL	DELETE :	2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA	TLE AME TREET ADI TLE AME TREET ADI TLE TREET ADI TLE TLE TLE	DRESS P			Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	5981 E. 6.AVE HIALEAH FL	☐ DELETE	2.1 TIT 2.2 NA 2.3 STI 3.1 TIT 3.2 NA 3.3 ST 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT 6.2 NA	TLE AME REET ADI ITY- ST-ZI TLE AME IREET ADI ITY- ST-ZI TLE AME REET ADI ITY- ST-ZI TLE AME REET ADI ITY- ST-ZI TLE TREET ADI ITY- ST-ZI TLE TREET ADI ITY- ST-ZI TLE TREET ADI ITY- ST-ZI TLE	DRESS P DRESS P DRESS			Change Change	Addition Addition
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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 anofficer 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, op on an attachment with an address, with all other like empowered.

SIGNATURE: