## 724254

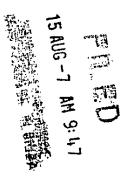
(Requ	estor's Name)				
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	Corporations			
SUBJECT:	MADRID	TEARACE	CONDOM, NIUM ation)	ASSOCIATION
		(Name of Corpora	ation)	
DOCUMENT NUI	MBER: 724	254		
The enclosed Office	er/Director Resignation	on for a Corporation	and fee are submitted for	filing.
Please return all con	respondence concerr	ning this matter to th	e following:	\
OSUP	LDO DIAZ	<u> </u>		5 2 19
	(Name of Person)			6 7
(	Name of Firm/Compar	ny)		量量で
6820 W	Flagier st (Address)	#30.6		5 NOC-7 M 9: 1-7
	(Address)			<i>₹,</i> ,
miami,	FL 33/44 City/State and Zip Cod	le)		
For further informa	tion concerning this	matter, please call:		
019A LE	FON me of Person)	at ( 30 \$ (Area Code	) 552-9983 e & Daytime Telephone Nur	mber)
Enclosed is a check	for \$35.00 made pay	vable to the Florida I	Department of State.	
Mailing Address: Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	n An ations Di 26	reet Address: nendment Section vision of Corporation 61 Executive Center llahassee, FL 32301	Circle	

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	OSVAldo	DIAZ	, hereby resign as	SECRETARY (Title)	
of_	MADRID	TELLACE (Name of Co	CON DOM) NIUM proporation)	ASSOCIATION	_,
	724254 (Document Number, if	known) , a	corporation organized under t	the laws of the State of	**
/	FLORIDA	·		15 A	rada.
				16 - 7	Desire.
		Osra (Signal	ture of resigning officer/director)	AH 9: 47	C

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314