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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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Requester's Name

Meditich Fefer, Inc.  
P.O. Box 8714  
W. Oakland Park Blvd.,  
Fort Lauderdale  
Fl. 33310 USA

#

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 000004449970--5  
-06/28/01--01075--013  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
- 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
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- Walk in       Pick up time \_\_\_\_\_
- Mail out       Will wait       Photocopy       Certified Copy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

*o/d resig.*

V. SHEPARD JUL 3 2001

Examiner's Initials

Meditech fefer inc  
FEI 65-0993885  
3107 W. Hallandale Beach Blvd  
Suite 103  
Hallandale, FL 33351

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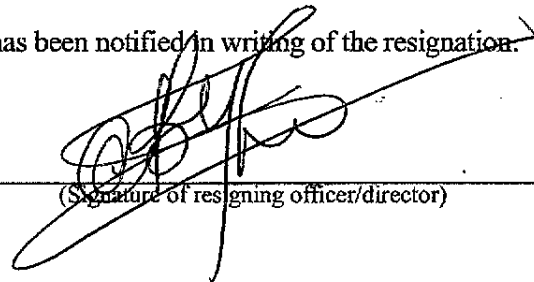
**OFFICER / DIRECTOR RESIGNATION**

I, CLEVELAND BLYTHE, hereby resign as PRESIDENT /DIRECTOR  
(Title)

of MEDITECH FEFER, INC  
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

  
\_\_\_\_\_  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**