

P00000058879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

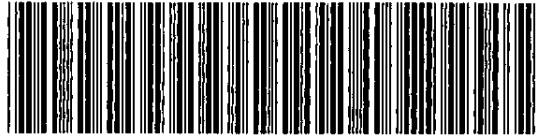
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DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** M. DUARTE ALFARO ENTERPRISES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P00000058879

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAUDIO MANKEVICH  
(Name of Person)

M. DUARTE ALFARO ENTERPRISES, INC.  
(Name of Firm/Company)

6484 INDIAN CREEK DRIVE # 132  
(Address)

MIAMI BEACH, FL 33141  
(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDIO MANKEVICH at ( 305 ) 205 - 9173  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

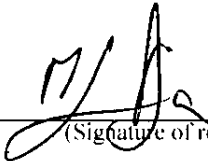
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MARCELO DUARTE ALFARO, hereby resign as DIRECTOR PRESIDENT  
(Title)

of M. DUARTE ALFARO ENTERPRISES, INC.  
(Name of Corporation)

P00000058879, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED STATE  
SECRETARY OF CORPORATIONS  
07 NOV 15 PM 12:24**

**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