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TRANSMITTAL LETTER

Division of Corporations CASINO TRAVEL, INC (Name of Corporation) DOCUMENT NUMBER:_ P08000076181 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VICTOR M. SUAREZ (Name of Person) VICTOR M. SUAREZ, P.A. (Name of Firm/Company) 3850 S.W. 87TH Avenue, Suite 203 (Address) Miami, Florida 33165 (City/State and Zip Code) For further information concerning this matter, please call: Victor M. Suarez (Area Code & Daytime Telephone Number) (Name of Person)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I.} JOSE A. QUINTANA	, hereby resign asPRESIDENT
	(Title)
of CASINO TRAVEL, INC	
P08000076181 .a corp	poration organized under the laws of the State of
(Document Number, if known) FLORIDA	
	18 FEB -5 PH 3: 56 ALLAHASSEG, FLORIDA FEE IS \$35.00
FILING :	<u> </u>

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

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