

P95000010164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KHARINAS TOUR INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P95000010164

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

Please return all correspondence concerning this matter to the following:

EVELYN RIVERA, EA MBA  
(Name of Person)

ACCOUNTING CENTER FOR SMALL BUSINESS L  
(Name of Firm/Company)

5701 DOGWOOD DR  
(Address)

ORLANDO, FL 32807  
(City/State and Zip Code)

For further information concerning this matter, please call:

EVELYN RIVERA, EA at ( 407 ) 281-0227  
(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

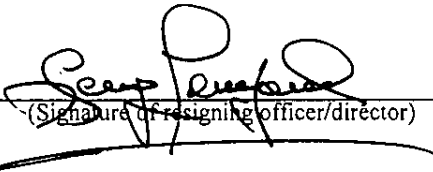
OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

I, SERGIO CAMPANA, hereby resign as VICE-PRESIDENT  
(Title)

of KHARINAS TOUR, INC.  
(Name of Corporation)

P95000010164, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

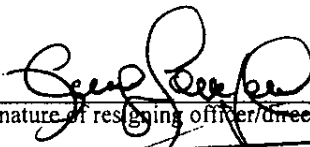
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(Signature of resigning officer/director)

**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