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(Address)					
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(City/State/Zip/Phone #)					
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TRANSMITTAL LETTER

SUBJECT: Aeromarine USA d/h/a TCL Cargo (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nadine Cure (Name of Person)
(Name of Firm/Company)
631 NW 46 Terr (Address)
Plantation Fl. 33317 (City/State and Zip Code)
For further information concerning this matter, please call:
Nadire Cure at (954) 822 4760 (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
2661 Executive Center Circle
Tallahassee, FL 32301

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Namme Cure	, hereby resig	$\max_{i \in \mathcal{I}} \widehat{\mathcal{I}}_{i}$	rector	
** *** *** *** *** *** *** *** *** ***			(Title)
of Asiamurine USA (Name of	albla T	CL C	argo	
(Name of	Corporation)		9	
(Document Number, if known)	a corporation organize	ed under the	laws of the S	tete of
Florida				
Wadne	nature of resigning officer			
(Sig	nature of resigning officer	/director)		
			FALSE (2)	
			III JUL 19 F	77
FII	ANG FEE IS \$35.00		ARY C	
Make checks payable to	Florida Department	of State ar	71 1 12	
Make checks payable to	•	-	10 A G	

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