

# V69657

Requestor's Name  
 — Rodriguez Scott  
 7301 SW 148 LT  
 — Miami FL 33193

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Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
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- Walk in      Pick up time \_\_\_\_\_      Certified Copy  
 Mail out      Will wait      Photocopy      Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A. <u>Officer/ Director</u>
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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 -01/20/98--01163--008  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

**FILED**  
 98 JAN 20 PM 12: 36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials *Dee* / *21*

**Affidavit—Resignation of Officer  
And/Or Director**



**FILED**  
98 JAN 20 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State, Jim Smith, Secretary of State

**AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR**

STATE OF Florida  
COUNTY OF DADE

I, Scott Rodriguez after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, Scott Rodriguez hereby resign as Vice President of  
(Title)  
Stefans Espresso Co. Inc., a Florida corporation;  
(Name of Corporation)

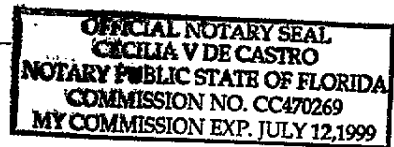
That the corporation has been notified in writing of the resignation.

Scott Rodriguez  
Signature of resigning officer/director

Sworn to and subscribed before me this 29 day of December

Cecilia V. De Castro  
NOTARY PUBLIC

My Commission Expires: 12/1/97



FILING FEE IS \$35.00

TYPE OF ID: Fla. driver lic  
# R 362-784-66-414-0

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E044 (7-90)