829513

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATION

Os glalor Obstes

TRANSMITTAL LETTER

| SUBJECT: | POLCAR Pro | perties N. | v. | | |
|--|--------------------|-------------------------|-----------|-----------------------|---|
| | | | (Name | of Corpor | ration) |
| DOCUMENT | NUMBER: | 829513 | <u> </u> | | · |
| The enclosed (| Officer/Director | Resignation | for a C | orporation | n and fee are submitted for filing |
| Please return a | ll corresponden | ce concernin | g this n | atter to ti | ne following: |
| MARIO A. 1 | PAGES | | | | |
| * | (Name o | of Person) | | | - |
| POLCAR Pro | operties N.V. | • | | | |
| | (Name of Fi | rm/Company) | | · | • |
| 201 Sevil | la Avenue Si | uite 301 | | | |
| • • • | (Add | iress) | | | • |
| Coral Gab | les, Florida | 33166 | | | |
| | (City/State a | nd Zip Code) | | | • |
| For further info | rmation concer | ming this ma | tter, ple | ase call: | |
| Robert F. | Pages | | at (| 305 | 443 8665 e & Daytime Telephone Number) |
| • | (Name of Perso | n) | \-(| Area Cod | & Daytime Telephone Number) |
| Enclosed is a c | heck for \$35.00 |) made payab | le to the | Florida : | Department of State. |
| Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Fallahassee, FL | ction porations | Amer Divisi 409 E | . Gaine | Section orporation | |

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARY OF STATE DIVISION OF CORPORATIONS 2007 AUG 31 AM 9: 52

| I, | MARIO A. PAGES | , hereby resign as | Secretary | |
|----|-----------------------------|---|--------------------------|--|
| _ | | , | (Tide) | |
| of | POICAR Properties NV. | | | |
| | | (Name of Corporation) | | |
| | 829513 | _, a corporation organized under the laws of the State of | | |
| | (Document Number, if known) | , a vorporation organizate unavi | are laws of the state of | |
| | Florida | | | |
| | | _ ' | | |
| | | | | |
| | Ma | | | |
| | | (Signature of resigning officer/director | or) | |

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