

FO4 0000000392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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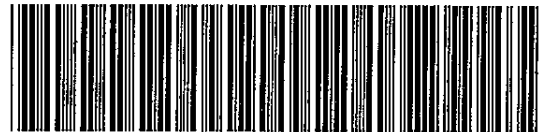
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TECHNOPHARMA LIMITED, INC.
(Name of Corporation)

DOCUMENT NUMBER: F04000000392

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

Please return all correspondence concerning this matter to the following:

LUCIEN M. CHIDIAC

(Name of Person)

TECHNOPHARMA LIMITED, INC.

(Name of Firm/Company)

3109 GRAND AVENUE SUITE 491

(Address)

COCONUT GROVE, FL. 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

LUCIEN M. CHIDIAC at (786) 402-9200

(Name of Person)

(Area Code & Daytime Telephone Number)

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
409 E. Gaines Street
Tallahassee, FL 32399

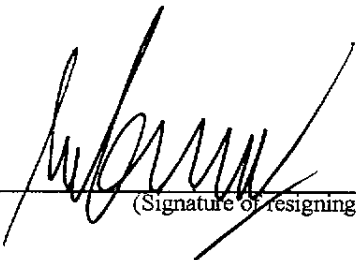
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MICHEL M. FARAH, hereby resign as OFFICER / DIRECTOR
(Title)

of TECHNOPHARMA LIMITED, INC.
(Name of Corporation)

F04000000392
(Document Number, if known), a corporation organized under the laws of the State of

OUT-OF-THE-COUNTRY


(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA