## F98000006468

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: U.S. INTERNATIONAL COUNC	
DOCUMENT NUMBER: F 9800 000 (	6468
The enclosed withdrawal application and fee are subm	nitted for filing.
Please return all correspondence concerning this matter to the following:	
EUGENE ALEXAL (Name of I	DER
(Name of I	Person)
(Firm/Con	npany)
125 PIRATES COV (Addre	IE DR
(Addre	ess)
MARATHON FL (City/State and	33010
(City/State and	l Zip code)
For further information concerning this matter, please ca	all:
EUGENE ALEXANDEL at ( (Name of Person)	305 ) 289 2048
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section Division of Corporations	MAILING ADDRESS: Amendment Section Division of Corporations
409 E. Gaines St.	P.O. Box 6327

Tallahassee, FL. 32314

Tallahassee, FL. 32399

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

U.S. INTERNATIONAL COUNCIL FOR HEALTH, (Name of Corporation)	ENCATION AND ENTRONHER.
F 9800 000 6468 (Document Number of Corporation (if known)	
(Bocument Number of Corporation (in known)	
STATE OF DELAWARE (Incorporated Under Laws of)	<del></del>
This corporation is no longer transacting business or conducting affairs within the voluntarily surrenders its authority to transact business or conduct affairs in Florida.	
This corporation revokes the authority of its registered agent in Florida to accappoints the Department of State as its agent for service of process based on a cautime it was authorized to transact business or conduct affairs in Florida.	use of action arising during the
The following is a current mailing address for the corporation:	95 FEI
125 PIRATES COVE DR_ (Mailing Address)	SEE TO
MARATHON FL 33050 (City/State/Zip)	9: 19 FLERIDA
The corporation agrees to notify the Department of State in the future of any chan	ge in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
receiver or other court appointed fiduciary, by that fiduciary)	(Date)
EUGENE ALEXANDER PL.D.  (Typed or printed name of person signing)  (Tr	V. P. tle of person signing)
FILING FEE \$35	no or haran astronio