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COVER LETTER

SUBJECT: AIR OCEANIC SERVICES INC. (Name of Corporation) G10546 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: **CLARA IBIS TEJEDA** (Name of Person) AIR OCEANIC SERVICES INC (Name of Firm/Company) 2139 NW 79TH AVE. MIAMI FL 33126 US (Address) **MIAMI FL 33126** (City/State and Zip Code) For further information concerning this matter, please call: **ELVA A. VELEZ** 786 218-7223 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address:
Amendment Section
Division of Corporations Street Address: Amendment Section Division of Corporations Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION FILED FOR A CORPORATION FILED FIL

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
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