G68475

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04/09/08--01025--011 **43.75

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Dissolution

TB 4-14-08

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Articles of Dissolution-Mayabeque Food Corp.
DOCUMENT NUMBER: <u>668475</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jose Guan
(Name of Contact Person)
Maya beque Food Corp. (Firm/Company)
179 W 18 ST (Address)
Hialeah, FL 33010 (City/State and Zip Code)
For further information concerning this matter, please call:
Ana Maria 6 van at (305) 885-711 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Mayabeque Food Corp.
SECOND:	The document number of the corporation (if known): 668475
ΓHIRD:	The date dissolution was authorized:03/12/08
	Effective date of dissolution if applicable: 03/12/08 (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	(voting group) RETARY OF STATE FLORIDE
\$	Gignature: (By a director, president or other officer - if directors or officers have not been selected, by an interporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	(Typed or printed name of person signing)
	President (Title of person signing)

Filing Fee: \$35