H.4	14	((
Requester's Name	= .	
Address		
INTERNATIONAL INSURANCE OF BO	CA, INC.	
Principal Place of Business	Mailing Address	
5730 NW 38 AVE BOCA RATON FL 33496 US	C/O MARGOLIS 5730 NW 38 AVE 80CA RATON FL 33496-2741	Office Use Only
CORPORATION NAME(S) & DO	OCUMENT NUMBER(S),	(if known):
1. (Corporation Name)	(Document #)	
-2. (Corporation Name)	(Document #)	
, 3.		
(Corporation Name)	(Document #)	TALL OD M
4. (Corporation Name)	(Document #)	Certificate of States
☐ Walk in ☐ Pick up tim	ne	Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	9
Profit Not for Profit Limited Liability Domestication Other	_	R.A., Officer/Director gistered Agent 'ithdrawal
OTHER FILINGS	REGISTRATION	V/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partn Reinstatement	
	☐ Trademark☐ Other	8. PAYNE MAR 2 1 2000

Examiner's Initials

CR2E031(7/97)

ARTICLES OF DISSOLUTION

FILED

00 MAR 10 AM 9: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

- the last of the last
FIRST: The name of the corporation is: <u>International Insurance</u>
of Bock Inc.
SECOND: The date dissolution was authorized: 12/31/99
THIRD: 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 vote of 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)
Signed this 06 day of March , \$2000.
Signature (By the Chairman or Vice Chairman of the Board, President, or other officer)
Roberta Margolis (Typed or printed name)
Tel: 561-998-4359
Tel: 561-998-4359