|  | <b>,</b>   | ノメククイング   |
|--|--|---|
| .C+Corpor                                    | ration System  |   |
| Theresa                                      | Alfieri<br>lestor's Name   | ) 86520<br>  ************************************ |
| 1633 Bras                                    | levay  | ALANAS REPORT                                     |
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| New york, Ny 10019<br>City/State/Zip Phone # |  | Office Use Only                                   |
| CORPORATION N                                | AME(S) & DOCUMENT NU   | <u> </u>  |
|  | .,   |   |
| 1  | ration Name) (I  | Document #)                                       |
| (Согрог                                      | ration Name) (1  | Jocument #)                                       |
| 2. (Corpor                                   | ration Name) (1  | Document #)                                       |
| - <b>3.</b>                                  |  |   |
| (Corpor                                      | ration Name) (I  | Document #)                                       |
| 4. (Corpo                                    | ration Name) (   | Document #)                                       |
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| ☐ Walk in ☐                                  | Pick up time   | Certified Copy                                    |
| ☐ Mail out ☐                                 | Will wait Photocopy  | Certificate of Status                             |
| 47-78-01-21-5-3-5-3                          | AMENDMENTS   |   |
| NEW FILINGS                                  | And the Age of the Age | 9000026979097                                     |
| Profit NonProfit                             | Amendment  Resignation of R.A., Officer/ Di  | ******35. ()() ******35. ()()                     |
| Limited Liability                            | Change of Registered Agent   |   |
| Domestication                                | Dissolution/Withdrawal   | ,   |
| Other  | Merger   |   |
|  |  |   |
| OTHER FILINGS                                | REGISTRATION/ QUALIFICATION  | QA TONA.  |
| Annual Report                                | Foreign  | RA resig.   |
| Fictitious Name                              | Limited Partnership  |   |
| Name Reservation                             | Reinstatement  | VS DEC 1 1 1998                                   |
|  | Trademark  | 7           |

CR2E031(1/95)

Other

Examiner's Initials



Florida Department of State, Jim Smith, Secretary of State

## ecretary of State

## RESIGNATION OF REGISTERED AGENT

| Pursuant to the provisions of sections 607.0502(2)   | or 607.1509, Florida Statues, the |
|--|-----------------------------------|
| undersigned,C T CORPORATION SYSTEM   | hereby resigns as                 |
| (name of registered agent)   |                                   |
| Registered Agent for THREE PESOS, INC.   |                                   |
| (name of corpo   | pration)                          |
| ORGANIZED UNDER THE LAWS OF THE STATE OF   | FLORIDA                           |
| A copy of this resignation was mailed to the above I address.  PO Box 1556  Burnsville, Mn. 55337  Attn: William Max McGee  The agency is terminated and the office discontinue which the statement was filed. |                                   |

ASSISTANT SECRETARY

FEE FOR FILING THIS DOCUMENT:
\$87.50-Active Corporation

\$35.00-Administratively Dissolved Corporation