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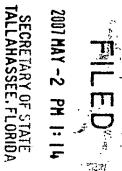
(Requestor's Name)	
(, ,	
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(Business Entity Name)	
(Document Number)	
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Division o	nt Section f Corporation	S		
SUBJECT:	A:M	PAUN	ENTERPAISES (Name of Corporation)	TNC.
DOCUMENT NO	J MBER:	1095	90	
The enclosed Office	cer/Director I	Resignation	for a Corporation and	fee are submitted for filing
Please return all co	orrespondenc	e concernin	g this matter to the following	owing:
BRAD	MAGAO	R		
	MAGAO (Name of	Person)		
AiM	paun	ENTER	PAISES INC.	
	(Name of Firr	n/Company)		
	50-14	011~8	E BLUSSOM	TRACK
	(Addr	ess)		
ORKANO	O FL.	318	705	
	(City/State an	d Zip Code)		
For further inform	ation concern	ing this ma	tter, please call:	
BRID M	16DOR		at (407) 4	22-3248 Lytime Telephone Number)
(N	ame of Person)	(Area Code & Da	ytime Telephone Number)
Enclosed is a chec	k for \$35.00	made payab	ole to the Florida Depar	tment of State.
Street Address: Amendment Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	rations	Amer Divis Post (ing Address: Indiment Section Identification of Corporations Office Box 6327 Indianation of Section 1988 Indianation 1988 Ind	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, hereby resign as	OFFICEA (Title)
N ENTER BAISES	100.
_, a corporation organized und	ler the laws of the State of
44	
	, hereby resign as

FILING FEE IS \$35.00

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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314