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SECRETARY OF STATE ALLAHASSEE, FLORIDA

46414

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

officer Resignation

T BROWN JUL 1 4 2005

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUB.	ECT: ASA-TRON, INC. (Name of Corporation)
DOC	JMENT NUMBER: L46414
The e	closed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	return all correspondence concerning this matter to the following:
JOS	EFINA SOLARI
	(Name of Person)
SAN	E
	(Name of Firm/Company)
105	0 N.W. 7TH TERRACE
	(Address)
MIA	MI, FLORIDA 33172
	(City/State and Zip Code)
For fo	rther information concerning this matter, please call:
JOS	FIAN SOLARI 31 305 225-2723
	(Name of Person) at (305) 225-2723 (Area Code & Daytime Telephone Number)
Enclo	ed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divisi P.O. I	Iment Section In of Corporations ox 6327 Insert Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Strate Property

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

OS JUL 11 AM 9:21

TALLAHASSEE, FLORIDA

I, LUIS H. SOLARI	, hereby resign as	DIRECTOR & SECRETARY
		(Title)
of ASARON, INC.		
(Name o	of Corporation)	,
(Document Number, if known)	_, a corporation organized ur	nder the laws of the State of
FLORIDA	•	

ignature of restraing officer/director)

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