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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: CORPORATION DISSO	LUTION
DOCUMENT NUMBER: M07067	
The enclosed Articles of Dissolution and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	natter to the following:
RAMON LLAURADO	
(Name of Contact	t Person)
R. LLAURADO & ASSOCIATES	
(Firm/Comp	oany)
10540 NW 26TH ST SUITE 103 (Address)	
, ,	
MIAMI, FL 33172 (City/State and 2	Zip Code)
For further information concerning this matter, ple	-
RAMON LLAURADO at	t (305 ₎ 592-0394
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(Add	.75 Filing Fee & \$\Bigcup \\$52.50 Filing Fee, ified Copy Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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	ent of St	tate:	
	MARLENE CORPORATION			
SECOND:	The document number of the corporation (if known): MOTOWT			
THIRD:	The file date of the articles of incorporation: 10/29/84			
FOURTH:	(CHECK AT LEAST ONE BOX)			
	None of the corporation's shares have been issued.			
	The corporation has not commenced business.			
FIFTH:	No debt of the corporation remains unpaid.			
SIXTH:	The net assets of the corporation remaining after winding up have been d to the shareholders, if shares were issued.	istribute	d	
SEVENTH:	Adoption of Dissolution (CHECK ONE)			
	A majority of the incorporators authorized the dissolution.	TA's	90	
	A majority of the directors authorized the dissolution.	ECRETARY OF LLAHASSEE FI	YAH	FILED
	ature: R. Roshigun	STA	₽	
Sign	(By a director, president or other officer - if directors or officers have not been selected, by in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	an Pacorpo	ىك ra to d - if	
	ROBERTO RODRIGUEZ			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of Person Signing)			

Filing Fee: \$35