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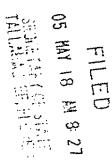
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nar	me)
(Do	ocument Number)	
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Special Instructions to	Filing Officer:	

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Off Resign



05/18/05--01019--007 **35.00

TRANSMITTAL LETTER

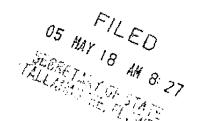
	endment Section of Corpo						
			•	ulfura of Corporation)	His	pan	<u>a</u> /
DOCUME	NT NUMBE	R: NOZ	0000	8829	··· ·· · · · · · · · · · · · · · · · ·		
The enclose	d Officer/Dir	ector Resignati	on for a Co	rporation and fe	e are sub	nitted for	filing
Please retur	n all correspo	ndence concer	ning this m	atter to the follo	wing:		
	<u>arcela</u>	Miscon)	anda		420 60		
Cas	a de (Name	la Cu	/tura	_Hispo	ang		
100	N.E	/25+h (Address)	5+	<u>Suite</u>	101		
No	rth City/S	Miami State and Zip Coo	F/(le)	3316			
For further i	information c	oncerning this	matter, ple	ase call:			
Da	nie/ N (Name of	<u>Jiranda</u> Person)	<u>'</u> at (954) 96 Area Code & Day	73–6 vtime Telej	969 olione Nur	nber)
Englaced is	a check for \$	35 00 made na	uahla ta the	Elorida Departi	mont of C	ato	

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E044(11/02)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. MORIA. M. MIRANDA. hereby resign as TREASURER
(1400)
of Casa de la Cultura Hispans Inc. (Name of Corporation)
NOZOOOO829, a corporation organized under the laws of the State of (Document Number, if known)
Florida

Auaresta secración (Signature of resigning 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