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DEVISION OF CORPORATIONS

COVER LETTER

Amendment Section Division of Corporations

TO:

(Name of Corporation) DOCUMENT NUMBER: NO SOLUTION (Name of Corporation)
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
P.O. Box 551439 (Address)
Oxlando, Fl 32855 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (AD7) 4923328 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, VITAL, Will L., hereby resign as SPCretary GENEVAL (Title)
of Organisation International de Developpement ETDE fudes, Inc., (Name of Corporation)
NOSODO 11125 , a corporation organized under the laws of the State of (Document Number, if known)
Florida

er/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 DIVISION OF BOOK OF SHIP OF