

N12 000007857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

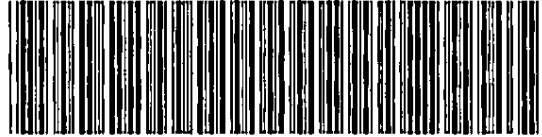
(Business Entity Name)

(Document Number)

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2022 APR -1 AM 9:29  
SEC. OF STATE  
TALLAHASSEE, FL

4/17/2022

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CUBAN AMERICAN PHOTOTHEQUE FOUNDATION INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N12000007857  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA N NOIN  
\_\_\_\_\_

(Name of Person)

CUBAN AMERICAN PHOTOTHEQUE FOUNDATION INC  
\_\_\_\_\_

(Name of Firm/Company)

142 SW 29 AVENUE  
\_\_\_\_\_

(Address)

MIAMI, FL 33155  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA N. NOIN  
\_\_\_\_\_

(Name of Person)

at ( 786 )

360-9333

(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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**


Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MARIA ISABEL LAGO, hereby resign as DIRECTOR  
(Title)

of CUBAN AMERICAN PHOTOTHEQUE FOUNDATION INC  
(Name of Corporation)

N12000007857, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 APR -1 AM 9:30

**FILED**

**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