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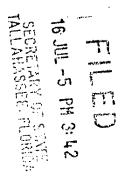
| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (Cib.(Ciab.(Zin/Dhono 4) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

| MINISTERIO APOST SUBJECT: | OLICO PALABRA V | IVA INC | | |
|--|--|-------------------------|----------------|------------|
| | (Name of Corp | oration) | | |
| DOCUMENT NUMBER: N14000 | 0006037 | | | |
| The enclosed Officer/Director Resig | gnation for a Corporation | on and fee are submitte | ed for filing. | |
| Please return all correspondence cor | ncerning this matter to | the following: | | |
| JOSE RECINOS | | | | |
| (Name of Pers | on) | _ . | - | |
| MINISTERIO APOSTOLICO PA | LABRA VIVA INC | | | |
| (Name of Firm/Co | mpany) | _ | | |
| 1085 NW 148 ST | | | | |
| (Address) | | | | |
| MIAMI, FL 33168 | | | | |
| (City/State and Zip | p Code) | _ | | |
| For further information concerning | this matter, please call | : | .s | |
| NELSON ARGUETA | 305 | 6492249 | TA | 2 0 |
| (Name of Person) | at (at (| ode & Daytime Telephon | e Number) | 1000 |
| Enclosed is a check for \$35.00 made | e payable to the Florid | a Department of State. | | |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327. Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporate 2661 Executive Cent Tallahassee, FL 3230 | er Circle | FLOWINE. | 500 C |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| REINA DUQUE | TREASURE |
|-----------------------------|--|
| I, | , hereby resign as(Title) |
| | (Title) |
| MINISTERIO AROSTOLICO I | |
| MINISTERIO APOSTOLICO F | PALABRA VIVA INC |
| OI(Nai | me of Corporation) |
| N1400006037 | |
| | , a corporation organized under the laws of the State of |
| (Document Number, if known) | · |
| FLORIDA | |
| | ' |
| | |
| | |
| | |
| | |
| | |
| | |
| ten | / // |
| // | (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

TAIL AND SEEF, FLOSION