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ALMA Extendrises Inc P.O. Box 562405 -MIRINI, FL 33256

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	(Corporation Name)	10005501031	
2	(Corporation Name)	(Document #)	
3	(Corporation Name)	(Document #)	- 2
4	(Corporation Name)	(Document #)	
	Walk in Pick up tim	e Certified Copy	
	Mail out Will wait	Photocopy	
<u>NE</u>	W FILINGS	<u>AMENDMENTS</u>	-
	Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Diffector Change of Registered Agent Dissolution/Withdrawal Merger Amendment Resignation of R.A., Officer/Diffector AMA SSE T T T T T T T T T T T T T T T T T T	•
<u>01</u>	THER FILINGS	REGISTRATION/QUALIFICATION	
	Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other AAADOCC	 -

CR2E031(7/97)

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: ALMA ENTERPRISES	INC.				
	P.O.Box 562405 MIAMI, FL 33256 - 130		-			
SECOND:	The date dissolution was authorized: 1/18/02					
THIRD:	Adoption of Dissolution (CHECK ONE)					
Dis was	ssolution was approved by the shareholders. The number of votes cast is sufficient for approval.	for dissolution				
☐ Dis	ssolution was approved by vote of the shareholders through voting grou	ps.				
	The following statement must be separately provided for each voting gr entitled to vote separately on the plan to dissolve:	oup				
Th	The number of votes cast for dissolution was sufficient for approval by					
		And the second second				
	(voting group)	e e e e e e e e e e e e e e e e e e e				
S	igned this <u>30</u> day of <u>Apri</u> ? <u>zo</u>	<u>02</u> .				
Signature	(By the Chairman or Vice Chairman of the Board, President, or other officer)	-				
	MAYDA MACHADO (Typed or printed name)	O2 MAY	- - -			
	PRESIDENT (Title)	TARY OF STATE HASSEE, FLORIDA				