

P00000020054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

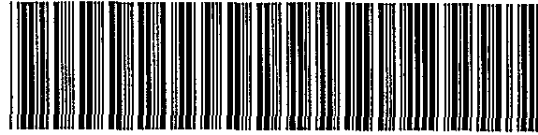
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500028007745

02/06/04--01060--012 **35.00

FILED
04 FEB -6 AM 9:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

*Off Resign
T. Lewis 2/12/04*

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nor-Mes of Miami Corp.
(Name of Corporation)

DOCUMENT NUMBER: P00000020054

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Nora Morejon
(Name of Person)

(Name of Firm/Company)

430 W 30th Place
(Address)

Hialeah FL 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

Nora Morejon at (305) 827-3700
(Name of Person) (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

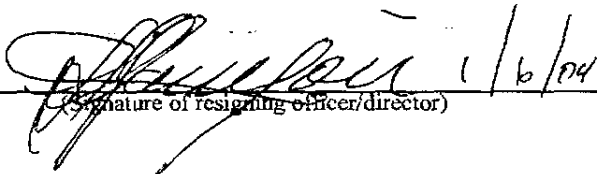
Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, NORA MORGAN, hereby resign as Vice President
(Title)

of Nor-Med of Miami Corp.
(Name of Corporation)

P00000020054, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director) 1/6/04

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

FILED
04 FEB -6 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA