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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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O/D resign

W SHEPARD FEB 2 4 2003

BIU USA DELEGATION INC. 2520 S. W. 22nd Street # 312 - Suite 2 Miami, FL 33145 Tel 305-668-4494

February 20, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed is the following:

1. Original and one (1) copy of the Articles of Dissolution;

- 2. Check for \$113.75 payable to the Department of State for filing fee and certified copy(\$35 for each resignation of officers \$43.75 for articles of dissolution); and
- 3. Self-addressed postage prepaid envelope to return certified copy of Articles to me.

Please file the enclosed Articles of Dissolution and resignation of Directors and forward me a certified copy in the attached envelope.

If you have any questions, please do not hesitate to contact me.

I thank you in advance for your anticipated cooperation.

Very truly yours,

Veronique Leclerco

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I,	RAï.	SSA.	RO USE	her	eby resign as_	Dinector (Title)	<u> </u>
of	Biu	USA	DE LE	GATION (Corporation)	inc.		_,
P	Oo QQQ o			, a corporation	organized und	ler the laws of the State of	
F	Lorida	 					- **

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