## P0100017182

(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



300014543773

03/27/03--01052--025 \*\*52.50

D3 MAR 27 PH 2: 14

PS 4/3/03

## ALPRO NORTH-AMERICA, INC.

## 2231 NE 192 STREET NORTH MAIMI BEACH, FL 33180

Telephone: 305-932-8981

February 8, 2003

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

Re: Articles of Dissolution

Dear Sir or Madam:

Enclosed please find the original Articles of Dissolution for Alpro North-America, Inc.

I am enclosing a check in the amount of \$52.50 which represents:

Filing fee	\$35.00
Certified copy	8.75
Certificate of Status	<u>8.75</u>
Total	\$ <u>52.50</u>

I would appreciate your filing the Articles of Dissolution and sending me a certified copy of same and a certificate of status. I am enclosing a copy of the Articles of Dissolution should you need it.

You can reach me at the address and telephone number noted.

Very truly yours,

Gui L.P. Govaert

Secretary

## ARTICLES OF DISSOLUTION

FILED

03 MAR 27 PM 2: 14

TALLAHASSEE. FLORIDA

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

FIRST:	The name of the corporation is: /acrab www.h-America ise.
SECOND:	The date dissolution was authorized: DECEMBER 31, 2002
THIRD:	Adoption of Dissolution (CHECK ONE)
THIKD.	Adoption of Dissolution (Check ONE)
	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
Disse	olution was approved by vote of the shareholders through voting groups.
$T^{l_{i}}$	ne following statement must be separately provided for each voting group
	titled to vote separately on the plan to dissolve:
	• •
The r	number of votes cast for dissolution was sufficient for approval by
	(voting group)
	(voting group)
Sign	ned this 24 FES/03 day of FEBRUARY 2003
Signature	
	(By the Charman or vice Chairman of the Board, President, or other officer)
	GUI L.P. GOVAERT
	(Typed or printed name)
	Care de Care de
	SECRETARY (Title)