OFFICE DISEONLA SOCIEDADO DE SO

(City State Zin) (Phone #)							
MIAMI,	FLORIDA	33134	(305	5)444-499	94		
	(Address)						
3940 W	.FLAGLER	ST.	2nd	FLOOR	2		
(Requestor's Name)							
EXPRES	S CORPORA	ATE FI	LING	SERVICE	INC		

500003912135--0 -03/27/01--01064--003 *****35.00 ******35.00

OFFICE USE ONLY

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

FOOD ZON	E # 467 INC. Nest gnatur
, 3-, por audit (40110)	(Document #)
· (Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	
r	(Document #)
Walk in Pick up time	Photocopy Certificate of Status
Mail out Will wait	
NEW FILINGS	AMENDMENTS 02
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
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OTHER FILINGS	REGISTRATION/
Annual Report	QUALIFICATION
	Foreign
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
	Trademark
	Other

OFFICER / DIRECTOR RESIGNATION

		SEE, FLO
I, JAMAI SHAER	, hereby resign as	DIRECTOR (Title)
of FOOD ZONE #467 INC. (Name of	Corporation)	
a corporation organized under the laws of the Stat	te of <u>FLORIDA</u>	
and affirm that the corporation has been notified i	n writing of the resigna	tion.
Quelou		
(Sigheture	of resigning officer/directe	or)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314