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Requester's Name		
Address		
City/State/Zip Phone #	500045 -08/06/ ****15	5195653 0101108001 7.50 *****35.00
CORPORATION NAME(S) & DOCUM	Office Use Only IENT NUMBER(S), (if known):	<u>,</u>
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□ Walk in □ Pick up time □ Mail out □ Will wait	Photocopy Certificate of	
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	o r
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	
ODAE021/7/07)	Examiner's I	nitials
CR2E031(7/97)		_

OFFICER / DIRECTOR RESIGNATION

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I, José Rubio, hereby resign as Secritary The Asun	CN
of J. M. C. & ASSOCIATES USA, INC. (Name of Corporation)	,
a corporation organized under the laws of the State of FloribA	
and affirm that the corporation has been notified in writing of the resignation. A C A C C	

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