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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CUBAN AMERICAN MEDICAL CONVENTION, INC.
(Name of Corporation)

DOCUMENT NUMBER: PO 10000 64446

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT E. VENNEY
(Name of Person)

(Name of Firm/Company)

901 PONCE DE LEON BLVD #1000 10TH FLOOR
(Address)

CORAL GABLES, FLA. 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT E VENNEY at (305) 441 8900
(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

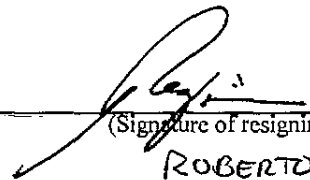
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ROBERTO J TETIDAR, hereby resign as PRESIDENT (P)
(Title)

of CUBAN AMERICAN MEDICAL CONVENTION, INC
(Name of Corporation)

PO 10000 6446, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)
ROBERTO TETIDAR

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TALLAHASSEE, FLORIDA

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