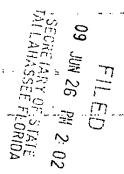
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT:   | JECT: CARIDAD AUTO SALES INC   |  |  |  |
|--|--|--|--|--|
| (Name of Corporation)  |  |  |  |  |
| DOCUMENT NUMBER:_  | P01000084056   |  |  |  |
| The enclosed Officer/Directo   | or Resignation for a Corporation and fee are submitted for filing                                      |  |  |  |
| Piease return all corresponde  | nce concerning this matter to the following:   |  |  |  |
| LAZARO   | D BAUZA  |  |  |  |
| (Name  | of Person)   |  |  |  |
| CARIDAD  | AUTO SALES INC   |  |  |  |
| (Name of F   | Firm/Company)  |  |  |  |
| 1482 SW 7  | 4TH AVE  |  |  |  |
| (Ac  | ddress)  |  |  |  |
| MIAMI, FL  | 33144  |  |  |  |
| (City/State  | and Zip Code)  |  |  |  |
| For further information conc   | erning this matter, please call:   |  |  |  |
| LAZARO BAUZ  | at ( 786 ) 439-7788  (Area Code & Daytime Telephone Number)  |  |  |  |
| (Name of Pers  | (Area Code & Daytime Telephone Number)   |  |  |  |
| Enclosed is a check for \$35.0   | 00 made payable to the Florida Department of State.  |  |  |  |
| Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |  |  |  |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I  | LAZARO BAUZA                             | , hereby resign as                        | PRESIDENT  |  |  |
|----|--|---|--|--|--|
| -, |  | , 110700 ) 1001g.1 do                     | (Title)  |  |  |
| of | CARIDAD AUTO SALES INC                   |   |  |  |  |
|    | , (Nam                                   | ne of Corporation)                        |  |  |  |
|    | P01000084056 (Document Number, if known) | , a corporation organized under           | the laws of the State of                           |  |  |
|    | FLORIDA                                  |   |  |  |  |
|    |  | (Signature of resigning officer/director) | FILEL  09 JUN 26 PM  SECRETARY OF S FALLAHASSEE FL |  |  |
|    |  |   | ORI<br>ORI   |  |  |

## 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