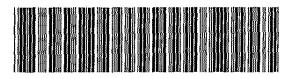
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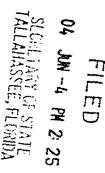
Office Use Only



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diss

05/05/04--01039--006 **43.75



AJR 6/4/04

X00789,00721,00524,04/04 00544,00622 April 24, 2004

Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

To whom it my concern:

D & D Medical Supplies, Inc. has decided to file articles of dissolution. Enclosed is a money order for the filling fee and for certificates copies.

Thank You

Sincerely,

Daisy Sarmiento

D & D Medical Supplies,Inc.

P.D.

Please return concerning to this matter to the following:

Mr. Carlos Latoni 8311 SW 142 Ave. Apt. J-205 Miami, FL 33183



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 11, 2004

Mr. Carlos Latoni 8311 SW 142 Ave. Apt J-205 Miami, FL 33183

SUBJECT: D & D MEDICAL SUPPLIES INC.

Ref. Number: P01000091767

We have received your document for D & D MEDICAL SUPPLIES INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please fill in the second paragraph with the date the dissolution was authorized.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Document Specialist

Letter Number: 404A00032844

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_	Articles of Dissolution
	section 607.1403, Florida Statutes, this Florida profit corporation submit ticles of dissolution.
FIRST:	The name of the corporation is: D & D Medical Supplies Inc P Doc. # P01000091767
SECOND:	The date of dissolution was authorized: _o5\19\04
THIRD:	Adoption of Dissolution (Check One)
	issolution was approved by the shareholders. The number of votes cast for was sufficient for approval.
D	issolution was approved by vote of the shareholders through voting groups.
The	issolution was approved by vote of the shareholders through voting groups. following statement must be separately provided for each voting group on the plan to dissolve:
The entitled to vo	following statement must be separately provided for each voting group
The entitled to ve	following statement must be separately provided for each voting group on the plan to dissolve:
The entitled to vo	following statement must be separately provided for each voting group on the plan to dissolve: number of votes cast for dissolution was sufficient for approval by
The intitled to vo	following statement must be separately provided for each voting group on the plan to dissolve: number of votes cast for dissolution was sufficient for approval by (voting group)

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