P02000025655

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
Canada India						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



300020689523

06/19/03--01011--011 **35.00

SECRETARY OF STATE

ae Heri

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: LEON ENTERPRISES INC (Name of Corporation)	
DOCUMENT NUMBER: p02000025655	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MARTA L SIBILA (Name of Person)	
(Name of Firm/Company)	
11801 WALSH BLVD (Address)	
MIAMI, FL 33184	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
MARTA L SIBILA at (305) 554-9000 (Name of Person) (Area Code & Daytime Telephone Number)	<u>-</u> -
Enclosed is a check for \$35.00 made payable to the Florida Department of State.	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	

CR2E044(11/02)

¢,

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MARTA L SIBILA	, he	ereby resign as <u>V</u>	TD	(Title)	<u></u>
of LEON ENTERPRIS	ES, INC. (Name of Corporation)	<u></u>	<u> </u>	-	<u>.</u>
P02000025655 (Document Number, if know	n)	n organized under	the laws of	the State of ALL	a-71
FLORIDA		t.	و في الم	ATTARY ATTARY	
				OF STATE	
_24	Signature of resign	hing officer/director)		- SE -	=}

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