DELCORD SECURITY, INC.		
DECORDANCE FL 32824		
ORIANDO, FL 32824		
City/State/Zip Phone #		800007696068 -09/12/0201057 *****35.00 *****
		Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if	known): Neseznatur
(Corporation Name)	(Document #)	Oggice
2(Corporation Name)	(Document #)	ALLARE - F
3 (Corporation Name)	(Document #)	
4 (Corporation Name)	(Document #)	ORIDA ORIDA
		Certified Copy
Walk in Pick up time Mail out Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
<ul> <li>Profit</li> <li>Not for Profit</li> <li>Limited Liability</li> <li>Domestication</li> <li>Other</li> </ul>	Amendment	
OTHER FILINGS	<b><u>REGISTRATION/C</u></b>	<b>DUALIFICATION</b>
<ul> <li>Annual Report</li> <li>Fictitious Name</li> </ul>	<ul> <li>Foreign</li> <li>Limited Partners</li> <li>Reinstatement</li> <li>Trademark</li> <li>Other</li> </ul>	ship

	OFFICER / DIRECTOR RESIGNATION	02 S
Ι,	Tose Lais Rivera, hereby resign as residents	FILED
of	Delcorp Security INC.	,
a cor	poration organized under the laws of the State of $\underline{FLoRIDA}$	

and affirm that the corporation has been notified in writing of the resignation.

------(Signature of resigning officer/director)

## 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

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