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TRANSMITTAL LETTER

TO: Amendment Section

Tallahassee, Florida 32314

Division of Corporations
SUBJECT: DISSOLUTION OF CORPORATION
DOCUMENT NUMBER: POZOCO 71895
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOHN MANCHEC (Name of Person)
(Name of Firm/Company)
757 SE 17 th STREET # 109 (Address)
FORT LAUDERDALE - FL 33316 (City/State/and Zip Code)
For further information concerning this matter, please call:
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines Street

Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: FIRST: The name of the corporation as currently filed with the Department of State: INTERNATIONAL MARKET CONSULTANTS, INC. The document number of the corporation (if known): <u>POZOCO 718</u>95 SECOND: THIRD: The date dissolution was authorized: 02 - 13 - 2004Effective date of dissolution if applicable: $02-13-\alpha$ (no more than 90 days after dissolution file date) FOURTH: Adoption of Dissolution (CHECK ONE) Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. Dissolution was approved by of the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by (voting group) Signed this Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a recover trustee, or other court appointed fiduciary, by that fiduciary)

Filing Fee: \$35

OWNER (Title of person signing)

(Typed or printed name of person signing)