PD2000118702

(Requestor's Name)	_
(Address)	_
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	
Certified Copies Certificates of Status	
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TO AHASSEE, FLORID

Of EEB 26 WIII: 21

NAMS INC. 10899 Handel Place Boca Raton, FL 33498 561-213-6139

2/24/04

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

To whom it may concern:

Please dissolve NAMS INC. (Corp. Document # P02000118702) as of Jan 31, 2004, pursuant to the Articles of Dissolution statement which is enclosed.

Enclosed is a check for \$52.50 to cover Filing Fee, Certificate of Status & Certified Copy. (Additional copy is enclosed).

Thank you for your help with this matter.

Sincerely,

Marc Jablon, President

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:			
SECOND:	The document number of the corporation (if known): PD 2000/	1/87	70	2
THIRD:	The date dissolution was authorized: 1/3//0 4	- * *		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file	e date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dis	soluti	on
	Dissolution was approved by of the shareholders through voting groups.			
	The following statement must be separately provided for each voting grovote separately on the plan to dissolve:	oup enti	tled to	>
	The number of votes cast for dissolution was sufficient for approval by	Τ.,	_	
	Share holders	LLAHA	837 H	<u> </u>
	(voting group)	AICT	26	-
	Signed this 24 day of February 2004.		7	
Signat	ture: Maro Author	TATE	: 55	
	(By a director, president or other officer - if directors or officers have not been selected, by an in if in the hands of a receiver, trustee or other court appointed fiduciary, by that fiduciary)	corporator	r · ·	-
	MARC JABLON			
	(Typed or printed name of person signing)			
	tresident			
	(Title of person signing)			

Filing Fee: \$35