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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ZINOX CORP. (Name of Corporation) DOCUMENT NUMBER: PO2000/34264
POCHMENT NUMBER. PD2.000 (34.264
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
MARID ORTEGON (Name of Person)
(Name of Person)
ZININY CDRP.
(Name of Firm/Company)
1938D Gillins Ave Ste 307 (Address)
Sunny 15/es Beach FL 33160 (City/State and Zip Code)
For further information concerning this matter, please call:
MARIO ORTEGON at (305) 932 3036 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I MARID ORTEGONS		EGON	, hereby resign as_	President -		
_				(Title)		
of_	SINOX					,
		(Name	e of Corporation)			
4	(Document Number	,	, a corporation organized und	ler the laws of the St	ate of	>
			Signature of resigning officer/director	or)	05 DEC 23 AM 10: 36	DIVISION OF COMMAN
					36	- T

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