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Office Use Only



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TRANSMITTAL LETTER

SUBJECT: FOTURA CAREEN INSTITUTE, INC. (Name of Corporation)
DOCUMENT NUMBER: PO3000 1/865
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
· Hipocito RAMOS
(Name of Person)
FUTURA CAREER INSTITUTE, INC.
(Name of Firm/Company)
45/2 WEST 12 AVENUE (Address)
HIALEAL F/ 330/2 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Hiloli to PAHOS at (305) \$25-7660 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

failing Address: Street Addres

Amendment Section Division of Corporations

TO:

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, AliciA HONENDEZ-HEA	then , hereby resign as_	President /	Dinector
of FUTURA CAREER	Tustitute,_	INC.	,
(Document Number, if known)	_, a corporation organized unc	ler the laws of the Sta	ite of
Florio A		TASE	9
× As	stature of resigning officer/director	LAHASSEE. RL Data	STATE STATE

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