P03000061065

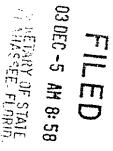
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| Special Instructions to Filing Officer: |
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Office Use Only



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TRANSMITTAL LETTER

| Division of Corporations |
|---|
| SUBJECT: PRODUCTOS DE LA SIERRA CORP. |
| (Name of Corporation) |
| DOCUMENT NUMBER: P03000061065 |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Alejandro Mano Drubi (Name of Person) |
| (Name of Firm/Company) |
| 1781 WEST 32 PLACE |
| (Address) |
| MIAMI FL 33012 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| VIVIANA ISURIETA at (305 915-1716 (Name of Person) (Area Code & Daytime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 |

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.150 |)9, | | |
|---|--------|-------------|---|
| Florida Statutes, the undersigned, ALEJANDRO MARIO DRUBI (Name of Registered Agent) | | | |
| hereby resigns as Registered Agent for PRODUCTOS DE LA SIERRA CORP. (Name of Corporation) | | _, | |
| P03000061065 | | | |
| (Document Number, if known) | | | |
| A copy of this resignation was mailed to the above listed corporation at its last known | addres | is. | |
| The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed. | which | 0 | |
| Su2- | LURET | 3 DEC -5 | - |
| (Signature of Resigning Agent) | | ហំ | |
| If signing on behalf of an entity: | of s | ĕ; ₩ 8; | E |
| • | | : 58 | |
| (Typed or Printed Name) | | ** | |
| | | | |
| | | | |
| (Capacity) | | | |

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314