P03000081833

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800023104338

09/18/03--01057--002 **35.00

O3 SEP 18 AM II: 01

Constant of the second of the

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations				
SUB	IECT: 48 STATE COURIE	RS CORP			
-	(Name of Corporation)				
DOC	UMENT NUMBER: P03	000081833			
Ťhe e	nclosed Officer/Director Res	gnation for a Corporation and fee a	re submitted for filing.		
Pleas	e return all correspondence co	ncerning this matter to the followin	g:		
NOI	EL RAMOS				
	(Name of Per	on)			
	(Name of Firm/C	mpany)	5. S. A. S.		
287	0 WSET 71 STREET #204				
	(Address)		-		
HIA	LEAH, FL 33018				
	(City/State and Z	Code)			
For fi	urther information concerning	this matter, please call:			
SAN	DRA ESTRADA	at (305) 300-30	39		
	(Name of Person)	at (305) 300-30. (Area Code & Daytim	e Telephone Number)		
Enclo	sed is a check for \$35.00 mag	e payable to the Florida Departmen	t of State.		
Amen Divisi P.O. F	ng Address: Idment Section Ion of Corporations Box 6327 Inassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399			

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, NOEL RAMOS	hereby resign as PRESID	(Title)
of_ 48 STATE COURIERS CORP, (Name of	*Corporation)	<u> </u>
P03000081833 (Document Number, if known)	, a corporation organized under the law	vs of the State of
· · · · · · · · · · · · · · · · · · ·	•	30 03
Mare C	Pane (nature of resigning officer/director)	FILED 03 SEP 18 AMII: 0 CHORETARY OF STATE ANASSEE, FLORI

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