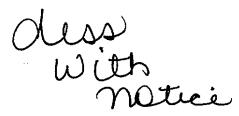
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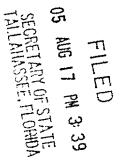
Office Use Only



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08/17/05--01045--007 **35.00



8/19/05

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: ARTICLES OF DISS	OLUTION			
DOCUMENT NUMBER: P03000 32579				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning the	nis matter to the following:			
Arlene Cerda				
(Name of Person)				
ENCONADOS GROUP CORP.				
ENCONADOS GROUP Corp. (Name of Firm/Company)				
19301 SW 222 Street				
(Addı	ress)			
HIAMI Ha. 33170				
(City/State/a	and Zip Code)			
For further information concerning this matter, please call:				
Arlene Cerda	at (305) 246-0484 (Area Code & Daytime Telephone Number)			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
	\$43.75 Filing Fee &\$52.50 Filing Fcc, Certified Copy			
MAILING ADDRESS:	STREET ADDRESS:			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations 409 E. Gaines Street			
Tallahassee, Florida 32314	Tallahassee, Florida 32399			

ARTICLES OF DISSOLUTION

	78. 3.
Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State.
	Enconados Group Corp
SECOND:	The document number of the corporation (if known): P0300132579
THIRD:	The date dissolution was authorized: Aug 11, 2005
	Effective date of dissolution if applicable: Aug 11, 2005 (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by of the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	1
	(voting group)
	Signed this 10th day of August , 2005.
	Signature: allere Cula
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Arlene Cerda (Typed or printed name of person Higning) President / numer
	(Typed or printed name of person signing)
	President / owner
	(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Encond	das Group Corp		
Date of dissolution will be the date to specified in the Articles of Dissolution	he dissolution is filed with t	he Department of State or as	
Description of information that mus	t be included in a claim:		
Ala			
	·		
Mailing address where claims can b	e sent: (Claims cannot be se	nt to the Division of Corporation	(ar
•		-	,
<u> 19001_SW</u>	222 St. Miami,	Ha 35/10	
			<u> </u>
And the state of t			_
			_
A claim against the above named co within 4 years after the filing of this		ess a proceeding to enforce the c	laim is commenced
within 4 years area the thing of this	notes.		
Along A. I		11. 1	
Printed Name of the I	Person Filing	Signature of the Person	Filing