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(Requestor's Name) (Address) (Address)	500043276105
(City/State/Zip/Phone #)	12/13/0401023002 **35.00
(Business Entity Name) (Document Number) Certified CopiesCertificates of Status Special Instructions to Filing Officer:	OLDEC 13 AM 10: 58 SECRETARY OF STALE TALLAHASSEE. FLORIDA
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DRP 13

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

(

THE ART EMPORIO CORPORATION (Name of Corporation) ER: P04000021812 SUBJECT: DOCUMENT NUMBER:

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

KARLA	JANSEN	
	(Name of Person)	

THE AR EmPORIO CORPORATION (Name of Firm/Company)

SW 143 LANE (Address)

MIAMI FLORIAA 33186 (City/State and Zip Code)

For further information concerning this matter, please call:

KARLA JANSENat (305) 801 6/88(Name of Person)(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

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τ.	UILMA	SANDOVI	4 2.	, hereby resign as	VICE	PRESIDENT	
	<u> </u>		·			(Title)	•
of_	Th	E ART	EMPORTO	CORPORATION		,	
			(Name of Corpor	ation)			
	P04. 0000 2, (Document N	Val2	, a corr	poration organized unde	er the lav	vs of the State of	
	FLORID	A					
						tio e	
						SECRE TALLA	
			~	1001		HADETAT	T
			- Welling	of resigning officer/directo	<u>-)</u>	SHO H	111 1
		Sta	te_off	bride		AM IU: 50	5
		Cou	nty of	Miani-Dade		ALE	\$
		Dece	imber 7	12004			
		(1)	ockap	lan		Elise Kaplan)

FILING FEE IS \$35.00

Elise Kaplan Commission #DD179289 Expires: Jan 22, 2007 Bonded Thru Atlantic Bonding Co., Inc.

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314