

P04000639209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

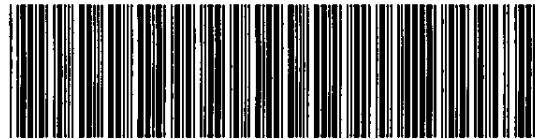
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/11/06--01015--010 **35.00

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2006 DEC 11 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KTHA
12/11/06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTICLES OF DISSOLUTION

DOCUMENT NUMBER: P04000039209

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANCISCO RIVAS

(Name of Contact Person)

FRANCISCO RIVAS, INC

(Firm/Company)

7970 NW 201 TERRACE

(Address)

MIAMI, FLORIDA 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCISCO RIVAS

(Name of Contact Person)

at (786) 489-1383

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

FRANCISCO RIVAS, INC

SECOND: The document number of the corporation (if known): P04000039209

THIRD: The date dissolution was authorized: 05/01/2005

Effective date of dissolution if applicable: 09/15/2006

(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 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

(voting group)

Signature: X

(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)

FRANCISCO RIVAS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA

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December 05, 2006

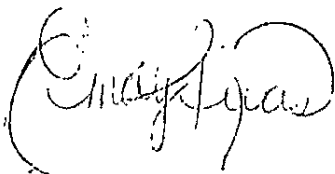
To Whom it May Concern.

Please be advised that my Dad, Francisco Rivas, lives with me in my house, in a room, located at 7970 NW 201 Street, Miami, Florida 33015.

My Dad has been living with me since February 2005 due to the stroke he suffered. He has been unable to work as he used to; given that his right lobe of his brain was damaged by the stroke impairing his movement, speech and coordination.

On a monthly basis I help him with \$ 100.00 for his medication because he has not been able to work and has no source of income.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emily Rivas".

Emily Rivas

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TALLAHASSEE, FLORIDA



1611 N.W. 12th Avenue
Miami, Florida 33136-1096

March 14, 2005

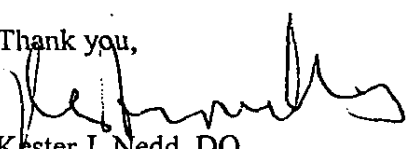
To Whom It May Concern:

RE: FRANCISCO RIVAS
HOSPITAL NO#: 325 05 05

Mr. Rivas is currently under my care in the Neuro Rehabilitation Unit at Jackson Memorial Hospital. He was admitted on 2/18/05 and is due for discharge for the ending of this week. Mr. Rivas will be reassessed 6 weeks after discharge to determine if he is cleared to participate in the citizenship application process.

Whatever can be done to assist the patient would greatly be appreciated. If there are any questions or concerns, please feel free to contact my office.

Thank you,


Kester J. Nedd, DO
Director of Neurologic Rehabilitation
University of Miami School of Medicine
Associate Professor of Neurology and Neurosurgery

KJN/jp

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TALLAHASSEE, FLORIDA

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#####TOP
RIVAS, FRANCISCO 3250505 052 M
----- REPORT STATUS FIN. RESLT ----- PAGE 01 OF 03 -----

MRI, BRAIN PLAIN

02/18/05 1951 HOURS

CLINICAL HISTORY: THE PATIENT IS A 52-YEAR-OLD MALE WITH HISTORY OF STROKE. NO PRIOR STUDY IS AVAILABLE FOR COMPARISON.

TECHNIQUE: MULTIPLANAR, MULTISEQUENCE MRI OF THE BRAIN WAS OBTAINED WITHOUT USE OF INTRAVENOUS CONTRAST.

FINDINGS: THE DIFFUSIONAL WEIGHTED IMAGES OF THE BRAIN REVEAL RESTRICTIVE DIFFUSION IDENTIFIED WITHIN THE PONS EXTENDING INTO THE MEDULLA OBLONGATA, FINDINGS ARE CONSISTENT WITH AN ACUTE INFARCTION. ON THE T1 WEIGHTED SEQUENCE, THERE IS A PUNCTATE AREA OF HYPERINTENSE SIGNAL ABNORMALITY WITHIN THE CENTRAL PORTION OF THE PONS. THE FINDING MAY REPRESENT A SMALL FOCUS OF PUNCTATE HEMORRHAGE.

THERE IS NO EVIDENCE FOR EXTRA-AXIAL FLUID COLLECTION OR HYDROCEPHALUS.

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----- REPORT STATUS FIN. RESLT -----

----- PAGE 02 OF 03 -----

SEVERAL HYPERINTENSE FOCI OF SIGNAL ABNORMALITY ARE PRESENT
WITHIN THE PERIVENTRICULAR AND SUBCORTICAL WHITE MATTER INVOLVING
THE CENTRUM SEMIOVALE AND CORONA RADIATA. THE FINDINGS ARE
PREDOMINANTLY WITHIN THE LEFT CEREBELLAR HEMISPHERE. FINDINGS
ARE OF NONSPECIFIC ETIOLOGY AND MAY REPRESENT CHRONIC SMALL
VESSEL ISCHEMIC DISEASE.

NOTE IS MADE OF A CALCIFICATION WITHIN THE FALX CEREBRI.

MILD DEGREE OF MUCOPERIOSTEAL THICKENING IS PRESENT WITHIN THE
LEFT MAXILLARY SINUS AND LEFT SPHENOID SINUS.

THERE IS NO EVIDENCE OF MASS EFFECT UPON THE FOURTH VENTRICLE.

THE MIDLINE STRUCTURES ARE INTACT. THE CRANIOCERVICAL JUNCTION IS
NORMAL.

CONCLUSION:

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----- REPORT STATUS FIN. RESLT -----

PAGE 03 OF 03 -----

1. ACUTE INFARCTION IDENTIFIED WITHIN THE PONS EXTENDING INTO THE MEDULLA WITH A PUNCTATE AREA OF HYPERINTENSE SIGNAL ABNORMALITY ON THE T1 WEIGHTED SEQUENCE SUGGESTIVE OF PUNCTATE AREA OF HEMORRHAGE.

2. HYPERINTENSE FOCI WITHIN THE PERIVENTRICULAR SUBCORTICAL WHITE MATTER WHICH ARE OF NONSPECIFIC ETIOLOGY PREDOMINANTLY WITHIN THE LEFT CEREBRAL HEMISPHERIC CENTRUM SEMIOVALE AND CORONA RADIATA. FINDINGS MAY REPRESENT WHITE MATTER DISEASE FROM CHRONIC SMALL VESSEL ISCHEMIC DISEASE.

3. NO EVIDENCE FOR HYDROCEPHALUS.

4. MILD LEFT MAXILLARY SINUS DISEASE AND SPHENOID SINUS DISEASE.

THE RESULTS OF THIS EXAMINATION WERE DISCUSSED BY DR. MATA WITH DR. PARDO ON 02/18/05 UPON IMMEDIATE COMPLETION OF EXAMINATION.

I PERSONALLY REVIEWED THIS FILM / RECORDING AND THE RESIDENT'S FINDINGS, AND AGREED WITH THE FINAL REPORT.

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