## POY 000056 307

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





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## **COVER LETTER**

TO: Amendment Section Division of Corporations

> Amendment Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF COR	RPORATION: Hispanio	ola Air, Inc.	
	UMBER: P04000056307		
The enclosed Art	ticles of Amendment and fee a	re submitted for filing.	
Please return all o	correspondence concerning thi	s matter to the following:	· · ·
Ro	nald Theodore	-	
	(Name o	of Contact Person)	<u></u>
His	spaniola Air, Inc.		
	(Fir	m/ Company)	
546	60 N State Rd 7 #108		
		(Address)	
For	t Lauderdale, FI 33319		es estate es
	(City/ St	ate/ and Zip Code)	
For further inform	nation concerning this matter,	please call:	·
Ronald Theodore		at (561 ) 305-168	9
(Name of Contact Person)			e Telephone Number)
Enclosed is a che	ck for the following amount:		
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address mendment Section	Street Address Amendment Sect	ion

Division of Corporations 409 E. Gaines Street

Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

LAURIE JEAN-GILLES	, hereby resign as VICE PRESIDENT	
**	(Title)	
of HISPANIOLA AIR, INC.		
(Name of Corporat	ion)	
	ration organized under the laws of the State of	
(Document Number, if known)		
FLORIDA		

Signature of Fesigning officet/director)

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

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