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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	• #)
PICK-UP		MAIL
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Certified Copies	Certificates	of Status
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3 6-17/05/05.

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Maranata Distributors Inc.
	(Name of Corporation)
DOC	UMENT NUMBER:
The en	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	ISELA VALERA
	(Name of Person)
Mara	anata Distributors Inc.
	(Name of Firm/Company)
22	71 NW (th Street (Address)
	(Address)
Miar	ni Florida, 33125
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
18	SELA VALERA at (305) 244-1047 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi P.O. F	dment Section on of Corporations Ox 6327 dassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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		TALLAHASSEE FLORIDA
i, <u>Hernando Fuem</u>	hereby resign as_	Vice President
of Maranafa	Distri buter	s Inc,
POY 0000 94234 (Document Number, if known)		
Florida		
	Sunt I	
Hernand	Sport of resigning office this ector of Fuentes/05/31/05.	Viae Presiden
Date:	5/31/05.	
•	′ /	

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

STATE OF FLORIDA

] SS:

COUNTY OF MIAMI_DADE

The foregoing instrument was acknowledged before me this 31st, day of May, 2005, by Hernando Fuentes.

[X] He produced his Florida driver's license as identification

MARICELL E. CABELLO
MY COMMISSION # DD 042891
EXPIRES: ANQUES 27, 2006
Bonded Thru Notiny Public Linconstitutes

MARICELL E CABELLO NOTARY PUBLIC