PD4059

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only

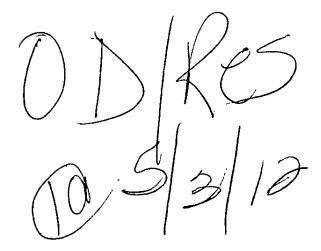


300233039903

047307122332239903 047307122010552329

IZ APR 30 AHII: 01

SECRETARY.OF SHARE BIVISION OF CORPORATIONS



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Alphatur N.V. Corpor	ration
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: P040	•
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence con	cerning this matter to the following:
Joseph Hassan	
(Name of Perso	n)
Alphatur N.V. Corporation	
(Name of Firm/Cor	npany)
10950 Old Cutler Road	
(Address)	
Coral Gables, FL 33156	
(City/State and Zip	Code)
For further information concerning the	nis matter, please call:
Joseph Hassan	at (305) 6680994
(Name of Person)	at (305) 6680994 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Mostafa F. Hassan	, hereby resign as Attorney in Fact
7	(Title)
of Alphatur N.V. Corporation	
	ne of Corporation)
P04059 (Document Number, if known)	, a corporation organized under the laws of the State of
Netherlands	·
	W.F. Hass

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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