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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Mr/ Die Resept

08 DEC -8 AM 11: 54

CRETARY OF STATE

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Iteramerices flags (c cosp.  (Name of Corporation)
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:
Name of Person)
Interanguign flyggle corp.  (Name of Firm/Company)
95/8 5a 148 AVC CA. E. (Address)
M/4 m/ , Fl. 33/96 (City/State and Zip Code)
For further information concerning this matter, please call:
Tovas A. Parra at (786) 486-2773 (Name of Person) (Area Code & Daytime Telephone Number)

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

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARY OF STATE DIVISION OF CORPORATIONS

08 DEC -8 AM 11: 54

	(Title)
Interamence	Name of Corporation)
(1	value of Corporation)
	, a corporation organized under the laws of the State of
(Document Number, if known)	
•	
Vorida	
Vorida	

FILING FEE IS \$35.00

gnature 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