P05000078967

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

OD/Res OD/Res



500106078565

98774717-41097-627 ##35.00

0/ NUS 24 MM 9: 22

SECRETARY OF STATE

COVER LETTER

SUBJECT: INTERNATIONAL TO LTILINGUAL COLLOCTION CORP.

(Name of Corporation)

DOCUMENT NUMBER: # POSODOO 78967

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOLGE CONCHUELO

(Name of Person)

INTERNATIONAL MULTICINEMAL COLLOCTION CORP.

(Name of Firm/Company)

169 E. FLAGLES ST. # 1534

(Address)

TITTI FC 3131

(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE CORCHUELO at (305) 357-8100

(Name of Person)

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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Jose Nicen	JBOIM, hereby resign as President (Title)	
of INTERNATIONAL	MULTILINGUAL COLLECTION ne of Corporation)	CORP.
Po 50000 78967 (Document Number, if known)	, a corporation organized under the laws of the Sta	ate of
FLORIDA		
	Securical designing officer/director)	OT AUG 24 AM 9: 22

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

FILING FEE IS \$35.00

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