(R	equestor's Name)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B)	usiness Entity Name)	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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officer Resignation
TB 10/27/28

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: INTERAMERICAN COMMUNICATION GROUP INC (Name of Corporation)
DOCUMENT NUMBER: p05000092980
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
CORLEONE BIAGGIO
(Name of Person)
INTERAMERICAN COMMUNICATION GROUP IN
(Name of Firm/Company)
6187 NW 167 ST. unit H 17
(Address)
MIAMI FLORIDA 33015
(City/State and Zip Code)
For further information concerning this matter, please call:
NELSON ODELLA 316.1413
NELSON ODELLA at ( 786 ) 316.1413  (Name of Person) (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, CORLEONE BIAGGIO	, hereby resign asOIRECTOR
	(Title)
of INTERAMERICAN COMMUNICATION	ON GROUP INC.
(Name of Corpor	ration)
p05000092980, a cor	poration organized under the laws of the State of
(Document Number, II known)	
FLORIDA	•
•	
and the same of th	

## 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