(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Amendment Section Division of Corporations

TO:

	AND OF MENT INC
SUBJECT: RAVENSCROFT SHIP M	(Name of Corporation)
DOCUMENT NUMBER: P0500015	8893
	n for a Corporation and fee are submitted for filing
Please return all correspondence concerni	ng this matter to the following:
LEONARD J. HOSKINSON (Name of Person)	
RAVENSCROFT SHIP MANAGEME	
(Name of Firm/Company 3251 PONCE DE LEON BLVD.	')
(Address)	
CORAL GABLES, FLORIDA 33134	
(City/State and Zip Code)
For further information concerning this m	atter, please call:
LEONARD J. HOSKINSON	at (305) 5072000
(Name of Person)	at (305) 5072000 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.
Amendment Section Ame Division of Corporations Divi Clifton Building Post	ling Address: endment Section sion of Corporations Office Box 6327 ahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. DEEPAK MATTA	, hereby resign as VICE PRESIDENT
	(Title)
of_RAVENSCROFT SHIP MANA	· · · · · · · · · · · · · · · · · · ·
(Name	e of Corporation)
P05000158893	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	
	_
	(Signature of resigning officer/director)

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