POWW 3622/

| (Requ | uestor's Name) | |
|-----------------------------|-----------------|-----------|
| (Addr | ess) | |
| . (Addr | ess) | |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nar | ne) |
| (Docu | ıment Number) | · |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

| TO: Amendment Section Division of Corporations |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: TRANSPORTES MIRON INC. |
| (Name of Corporation) |
| DOCUMENT NUMBER: P06000036221 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Maria Prats Hamilton |
| (Name of Person) |
| Attorney at Law |
| (Name of Firm/Company) |
| 7600 Red Road, Suite 229 |
| (Address) |
| South Miami, Florida 33143 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Maria Prats Hamilton, Attorney at Law (Name of Person) at (305) 665-5610 (Area Code & Daytime Telephone Number) |
| (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. Florentino A. Placeres | hereby resign as Secretary/Director | | | |
|------------------------------------------|--------------------------------------------------------------|-------------|--|--|
| , , , , , , , , , , , , , , , , , , , , | (Title) | | | |
| ofTransportes Miron Inc. | | | | |
| (Na | me of Corporation) | , | | |
| P06000036221 (Document Number, if known) | , a corporation organized under the laws of the State of | | | |
| Florida | | | | |
| Flore | SECRETARY OF STATE (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