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10 JAN 19 AM 10: 33

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: EL MANGOOD RE	ESTAURANT CORPORATION
	(Name of Corporation)
DOCUMENT NUMBER: P0	6000148152
The enclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing
Please return all correspondence of	concerning this matter to the following:
PEDRO A. RIVERA	
(Name of Pe	erson)
RIVERA & ASSOCIATES	
(Name of Firm/o	Company)
203 W SPROULE AVE	
(Addres	s)
KISSIMMEE, FL 34741	
(City/State and	Zip Code)
For further information concerning	g this matter, please call:
PEDRO A. RIVERA	at (321) 682-0288 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade 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

10 JAN 19 AM 10:33

SECRETARY OF HOUSE TALLABASSEE FLORIDA

I, RAFAEL ADAMES	, hereby resign as VICE PRESIDENT
	(Title)
of EL MANGOOD RESTAURAN	T CORPORATION
(Name	of Corporation)
P06000148152 (Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	<u>_</u> .
A Com	

FOR A CORPORATION

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