107000124539

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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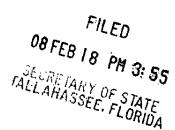
Amendment Section

Division of Corporations

TO:

Escape Vacations Inc. SUBJECT: (Name of Corporation) P07000124539 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kamel Azar (Name of Person) Escape Vacations Inc. (Name of Firm/Company) 6431 NW 82 Ave. (Address) Miami FI-33166 (City/State and Zip Code) For further information concerning this matter, please call: Alba R. Trevisiol (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35,00 made payable to the Florida Department of State. Street Address: Mailing Address: Amendment Section **Amendment Section** Division of Corporations **Division of Corporations** Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



| Kamel Azar | , hereby resign as Vice-President |
|--|--|
| | (Title) |
| Escape Vacations Inc | (Name of Corporation) |
| 07000124539 (Document Number, if known | a corporation organized under the laws of the State of |
| | <u> </u> |
| | |
| | 1/2-A |
| | (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