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Amendment Section Division of Corporations

TO:

•	
SUBJECT: EL BATE	(Name of Corporation)
DOCUMENT NUMBER: Po	9000098335
The enclosed Officer/Director Resigna	tion for a Corporation and fee are submitted for filing
Please return all correspondence conce	rning this matter to the following:
ALBENTO TRIGO (Name of Person)	
(Name of Person)	
TRIGO AND CO (Name of Firm/Comp	
(Name of Firm/Comp	any)
4340 SW 8 ST (Address)	
(Address)	
WIAMI PC (City/State and Zip C	33134
(City/State and Zip Co	ode)
For further information concerning this	s matter, please call:
ALBERTO TRUGO	at (305) 443 4280 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made page	ayable to the Florida Department of State.
Division of Corporations Division Building P	Iailing Address: Imendment Section Division of Corporations Ost Office Box 6327
Tallahassee, FL 32301	allahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

(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