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COVER LETTER

TO: Amendment Section

Division of Corporations			
SUBJECT: COUNCY	0's O1	Change	e loap
DOCUMENT NUMBER:	E000011	1417.	
The enclosed Articles of Dissolution and fe	e are submitted f	or filing.	-
Please return all correspondence concerning	this matter to the	following:	
Theria Ou	Ha		
Mas Quality	Contact Person) LWWW //Company)	Inc	
7951 SW 40 ST	Idress)	þa	
Magn Fl	33\55 e and Zip Code))	
For further information concerning this mat	ter, please call:		
(Name of Contact Person)	at (<u>305</u> (Area		-2555 ne Telephone Number)
Enclosed is a check for the following amount	nt:	·	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status		Cert by is Cert (Ad-	.50 Filing Fee, ificate of Status & ified Copy ditional copy is closed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Clifton Buil	Section Corporations

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Laxeppero's Oil Charge Corp
SECOND:	The document number of the corporation (if known): 2400031417-
THIRD:	The date dissolution was authorized: 0304115.
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	(voting group)
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) (Typed or printed name of person signing)

Filing Fee: \$35