

P93000019658

LAW OFFICES

COHEN, BERKE, BERNSTEIN, BRODIE & KONDELL

A PROFESSIONAL ASSOCIATION

TERREMARK CENTRE

19TH FLOOR

2601 SOUTH BAYSHORE DRIVE

MIAMI, FLORIDA 33133-5460

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-08/17/98--01148--011
*****87.50 *****87.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
98 AUG 21 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
P93000019658
8-21-98
RAB

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, TERREMARK CORPORATE AGENTS, INC.

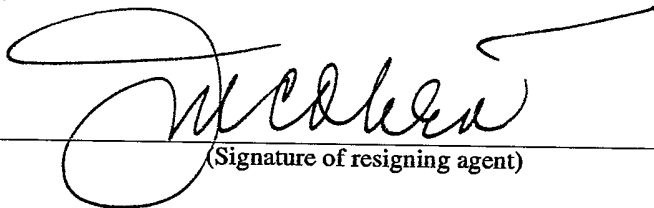
(Name of registered agent)

hereby resigns as Registered Agent for FRUIT HARVESTERS INTERNATIONAL, INC.

(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of resigning agent)

If signing on behalf of an entity:

JEFFREY MICHAEL COHEN

(Typed or Printed Name)

PRESIDENT

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation