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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION OF CONPONATION
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GUSTALO RODNIGLEZ
(Name of Contact Person)
PERSONAL
(Firm/Company)
7309 NW 173 DN #101
(Address)
MIAMI FL 33015
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (301) S12-2094 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
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MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

SECRETARY OF STATE DIVISION OF CORPORATIONS 09 FEB -2 AMII: 26

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
	HOLISTIC NATURAL CENTER, INC.
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation: $06/09/1993$
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature:
3.8	(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.)
	GUSTALO J. LODMGLET
	(Typed or printed name of person signing)
	PREJIDENT
	(Title of Person Signing)

Filing Fee: \$35