PERLESS, ROTH, JONAS, MITTELBERG & HARTNEY, CPA'S, P.A.

8370 W. FLAGLER STREET, SUITE 125

MIAMI, FLORIDA 33144-2078 (305) 554-1560 • FAX (305) 553-0115

P9300004531

ROBERT N. PERLESS, G.P.A.
ROBERT ROTH, G.P.A.
PETER F. JONAS, C.P.A.
ZCKLY I. MITTELBERG, C.P.A.
DHN C. HARTNEY, C.P.A.

June 05, 2001

Florida Department of Revenue Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Decolors Contractors, Inc. Federal ID#65-0419619 Document #P93000045319

1 000004462241---2 -07/06/01--01056--009 *****87.50 *****87.50

Dear Sirs:

I hereby resign immediately as the registered agent for the above-mentioned company. I wish to have my name removed from their corporation's business structure. I am Decolors Contractors, Inc. Certified Public Accountant and would like to only continue in that capacity.

Thank you for effectuating this as soon as possible.

Very Truly Yours,

Rickey I. Mittelberg, CPA

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 22, 2001

RICKEY I. METTELBERG, CPA PERLESS, ROTH, JONAS, MITTELBERG, ET AL 8370 W. FLAGLER STREET, SUITE 125 MIAMI, FL 33144-2078

SUBJECT: DECOLORS CONTRACTORS, INC.

Ref. Number: P93000045319

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6050.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 801A00038054



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of	sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersig	med, RICEKY I. MITTELBERG, CPA. (Name of registered agent)
hereby resigns as Registered	Agent for DECOLORS CONTRACTORS, INC. (Name of corporation)
A copy of this resignation wa	s mailed to the above listed corporation at its last known address.
The agency is terminated and this statement is filed.	the office discontinued on the 31st day after the date on which (Signature of resigning agent)
If signing on behalf of an enti	ity:
	(Typed or Printed Name) (Typed or Printed Name) (Typed or Printed Name)
	(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314