

P94000021629

Requestor's Name

Bill Bennett's Financial Services
2523 SW 17th Terrace
Hollywood, FL 33029

700002646657--6
Office Use Only
*****35.00 *****35.00

DOCUMENT NUMBER(S), (if known):

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

98 SEP 21 AM 8:34
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- 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 |

700002646657--6
-09/23/98--01001--005
*****35.00 *****35.00

| 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 |

Uoldis
9/23
~~*1055, 1063, 1072, 1016, 767*~~

REC'D
98 SEP 21
DIVISION

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 9, 1998

BILL BENNETT'S FINANCIAL SERVICES
2523 SW 177th Terrace
Hollywood, FL 33029

SUBJECT: NEW IMAGES DISTRIBUTORS CORP.
Ref. Number: P94000021629

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

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. For each certified copy requested, please add an additional \$52.50.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 498A00045852

*Rec'd
9/21*

ARTICLES OF DISSOLUTION

FILED
98 SEP 21 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FIRST: The name of the corporation is: NEW IMAGES DISTRIBUTORS CORP.

SECOND: The date dissolution was authorized: August 01, 1998

THIRD: 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 vote of 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

Evaldo Rufino
(voting group)

Signed this 17 day of September, 19 98

Signature _____
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Evaldo Rufino
(Typed or printed name)

President
(Title)