95000064281

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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T. Roberts NOV 3 0 2000

COVER LETTER

TO: Amendment Section

Division	of Corporation	S		
SUBJECT:	Dissour	μαίτι		-
DOCUMENT N	umber: <u>Р</u>	95000064	1281	-
The enclosed Ar	ticles of Dissolutio	on and fee are submitte	ed for filing.	
Please return all	correspondence co	ncerning this matter to	the following:	
		UES LEUB lame of Contact Person		-
	JAC	QUES LEUP	BA, INC.	
17 (P) 17 (P)	4.20 3.01 report	(Firm/Company)	A TORNES OF STATE OF	
		(Address)	BLOO	-
For further infor	(1	City/State and Zip Cod this matter, please call	de)	-
	<i>6</i>	,,		
	COUES LEG of Contact Person		21) 749 6497 rea Code & Daytime Telephone Nu	mber)
Enclosed is a che	ck for the following	ng amount:		
□\$35 Filing Fee	E ⊆ \$43.75 Filing Certificate of	Fee & S43.75 Fili Status Certified Co (Additional enclosed)		& .
Amendm Division P.O. Box	ent Section of Corporations (6327 see, FL 32314	for a net controller.	Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	a

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits articles of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: JACQUES LEUBA, INC SECOND: The document number of the corporation (if known): P 9500064281 The file date of the articles of incorporation: 08 - 21 - 1995 THIRD: (CHECK AT LEAST ONE BOX) FOURTH: None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed SIXTH: 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. 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

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation:	JACQUE	S LEUBF	ani fe	۲.	-
Date of dissolution will be the specified in the Articles of Dis		on is filed with the I	Department	t of State or as	
Description of information that	it must be include	d in a claim:			
	No	ACTIVITY	•		,
	NO_	g bin			
Mailing address where claims	_				
	750	MINGHU	RST	BLUD	-
	01	SCANDO			-
	FL	<u>- 32828</u>	<u> </u>		-
•					
A claim against the above nan within 4 years after the filing		rill be barred unless a	n proceedir	ng to enforce the cla	iim is commenced
フトーション Printed Name	of the Person Filing		S	ignature of the Person F	Filing