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Vidal Cafe
2257 Coral Way
Miami, Florida 33145

City/State/Zip Phone #

600002322736--0
-10/17/97--01021--005
*****35.00 *****35.00

Office Use Only

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

1. _____ (Corporation Name) (Document #)
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3. _____ (Corporation Name) (Document #)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NEW FILINGS	
Profit	
NonProfit	
Limited Liability	
Domestication	
Other	

AMENDMENTS	
Amendment	
Resignation of R.A., Officer/ Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

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V8 OCT 22 1997

Examiner's Initials



Florida Department of State _____, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF DADE

I, VIDAL LLERENA, after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, VIDAL LLERENA, hereby resign as PRESIDENT of
(Title)

VIDAL CAFE CORP., a Florida corporation;
(Name of Corporation)

That the corporation has been notified in writing of the resignation.

[Signature]
Signature of resigning officer/director

Sworn to and subscribed before me this 14th day of October, 1997

[Signature]
NOTARY PUBLIC



N. Alberto Cuervo
MY COMMISSION # CC643553 EXPIRES
April 30, 2001
BONDED THROUGH FARM INSURANCE, INC.

My Commission Expires: _____

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