· P96000004563

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05 MAY 26 PM 3: 59

COVER LETTER

TO: Amendment Section

Division of Corporations				
SUBJECT: CONTINENTAL HOSPITALITY, I				
DOCUMENT NUMBER: P9600004563				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
UBARA ZAMOT				
(Name of Person)				
(Name of Firm/Company)				
1390 5. DixiE HWT , SUITE 2219				
(Address)				
CORAL GABLES, FL 33146				
(City/State/and Zip Code)				
For further information concerning this matter, please call:				
TOMAS MBREU at (305)	6690930			
(Name of Person) (Area Cod	e & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
\$35 Filing Fee \$\ \times \\$43.75 Filing Fee & \times \\$43.75 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)	Certificate of Status &			
——————————————————————————————————————	REET ADDRESS: mendment Section			
	ivision of Corporations			
P.O. Box 6327 40	9 E. Gaines Street			
Tallahassee, Florida 32314 Ta	Illahassee, Florida 32399			

ARTICLES OF DISSOLUTION OF CONTINENTAL HOSPITALITY INC., a Florida corporation

Document Number: P96000004563

FILED

05 MAY 26 PM 3: 59

TATLAHASSEE, FLORIDA

FIRST:

The name of the corporation is CONTINENTAL HOSPITALITY, INC.

(the "Corporation").

SECOND:

The date dissolution was authorized is May 19th, 2005

THIRD:

Dissolution was approved by the written consent of the sole shareholder.

FOURTH:

The Corporation is dissolved upon the effective date of these Articles of

Dissolution.

CONTINENTAL HOSPITALITY INC.

D.,,

Name: Tomas Abreu Title: President

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:	CONTINEUTAL	HOSPITALITY, IN	·
Date of dissolution wil specified in the <i>Article</i> .		n is filed with the Departmen	t of State or as
Description of informa	tion that must be included	in a claim:	
		 	
Mailing address where	claims can be sent: (Claim	ns cannot be sent to the Divis	ion of Corporations)
۲.,	apco, Tuc.		
		& BRIVE, 7th FL	0.10
	iami, FL 331		
	12000 / 60 231		
A claim against the about within 4 years after the		l be barred unless a proceeding	ng to enforce the claim is commenced
Tombs	MREU		Total
Printe	d Name of the Person Filing	S	ignature of the Person Filing