P96000012825

Requ	Castelino estor's Name 1 95th Avenue. Address L 33176 p Phone #	Office Us	se Only
	AME(S) & DOCUMENT N	JMBER(S), (if known):	
1(Corpora	ation Name)	(Document #)	<u> </u>
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2. (Corpora	ation Name)	(Document #)	
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(Corpora	ation Name)	(Document #)	<u> </u>
	Pick up time Will wait Photocopy AMENDMENTS		and the second s
Profit	Amendment		-
NonProfit	Resignation of R.A., Officer/D	irector	
Limited Liability	Change of Registered Agent		_ · · · · · · · · · · · · · · · · · · ·
Domestication	Dissolution/Withdrawal	•	=
Other	Merger	10	00028214012 -03/23/3901093006
			****105.00 *****35.00
OTHER FILINGS	REGISTRATION/ QUALIFICATION	NA	resig
Annual Report	Foreign	90	
Fictitious Name	Limited Partnership		<u>-</u>
Name Reservation	Reinstatement		MAR 3 0 1999
	Trademark		,706,7678
	Other	A1055, 2267	1000100
<u> </u>	1	·	

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 12, 1999

Martin P. Castelino 14750 SW 95th Avenue Miami, FL 33176

SUBJECT: ELA TRAVEL CORP. Ref. Number: P96000012825

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

The current name of the entity is as referenced above. Please correct your document accordingly.

The fee to file your document is \$35.

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.

Letter Number: 099A00011955

Louise Flemming-Jackson Corporate Specialist Supervisor

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTO STATE OF FLORIDA COUNTY OF MIAMI -DADE I. MARTIN P. CASTELINO 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: hereby 1. I, MARTIN P. CASTELINO resign as _____DIRECTOR (Title) ELA TRAVEL CORP, a Florida Corporation: Name of Corporation 2. That the Corporation has been notified in writing of the resignation: and 3. That the corporate minutes relating to the resignation are unavailable. Signature of resigning officer/director Sworn to and subscribed before me this NOTARY PUBLIC STATE OF FLORIDA My Commission expires: Filing Fee is \$35.00 DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE,

FL 32314

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